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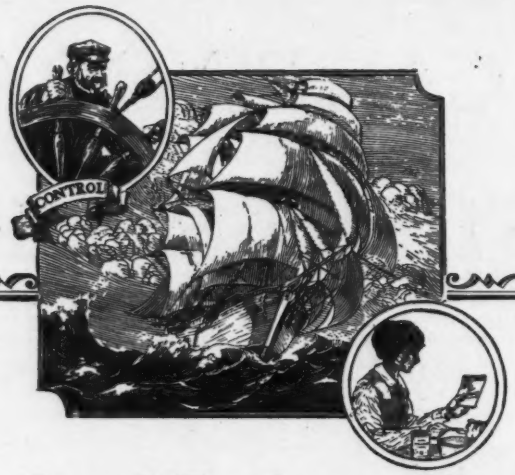

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ORIGINAL ARTICLES

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THE PRELIMINARY THYROID OPERATIONS*

By H. K. BONN, M. D., Los Angeles

A permanent arrest of thyrotoxicosis can only be secured by removing a sufficient part of the thyroid gland. If, judging by the intensity of the symptoms, we believe that a certain thyroid gland is secreting five times as much as normally, then four-fifths of the gland should be removed, the proportion remaining the same regardless of its size.

Since there is no accurate measure of functional estimation, one must rely upon experience and judgment as a guide as to how much gland should be removed. One is more justified perhaps in taking too much gland rather than not enough, since failure of cure results if not enough gland is removed. On the other hand, when too much has been taken the remaining gland, following the well-known physiologic law, will hypertrophy until a proper balance between the supply and demand of thyroid secretion is secured.

Many cases of thyrotoxicosis are first seen only when the disease is well established, and these cases uniformly present lesions of the heart, kidneys, and nervous system. In these advanced cases the patients are saturated with the toxin, and while a thyroidectomy shuts off the supply of this toxin at the source, the benefits of the operation do not occur at once, since quite some period of time is needed for the toxin to be eliminated. Hence, the ability of the patient to weather the first post-operative week usually determines the success of a thyroidectomy, done upon a patient saturated with thyroid toxins. If one fails to estimate correctly the degree of thyrotoxic saturation, or the ability of the excretory organs to eliminate these toxins, a too extensive surgical procedure results in disaster.

It is for these cases, who seek surgical aid late and at a time when thyroidectomy cannot be done safely, that the preliminary operations are suitable. It is seldom indeed that these preliminary operations cure, and such a result is not to be expected. The purpose of these types of surgical procedures is to attempt to improve the patient's condition to a point where a thyroidectomy can be performed with some degree of safety. In other words, the preliminary thyroid operations, as related to thyroidectomy, correspond to the first stage of a two-stage prostatectomy.

Further, a preliminary thyroid operation affords, by the amount of reaction shown, an index as to the possible margin of safety for a subsequent thyroidectomy. Kocher and C. H. Mayo and Crile do a large number of ligations, in proportion to the number of thyroidectomies, thus indicating their belief in the soundness of preliminary preparative procedures.

There is always the temptation to depend upon mastery of operative technique and the facile removal of the gland, which may result in possibly overlooking a concealed danger within the patient, namely, the exact degree of thyrotoxicosis, which factor may cause disaster, even though the work be done by a master.

For the average surgeon, and especially for those who are just beginning their thyroid surgery, a preliminary ligation or ligations in the exophthalmic and the toxic non-exophthalmic cases, produces safer results than a primary thyroidectomy. One is entitled to greater liberties and license in thyroidectomy only as one's experience is widened, thus permitting more correct evaluation of the patient's actual condition.

The mortality of the first series of all surgeons doing thyroidectomies is too high. This is not due to lack of operative dexterity, since those attracted to this field are usually proficient in other branches

* Presented before the Santa Barbara meeting of the Southern California Medical Association, April 4, 1924.

of surgery. This high mortality is due to failure to adopt an operative procedure in keeping with the status of the patient—that is, a thyroidectomy is done on a thyrotoxic patient who is not able to withstand such an extensive surgical assault because preliminary preparative operations have not been done.

The procedures most often used, and with which I have had a moderate experience, are: first, the polar ligation of Stamm and Jacobson; second, isolated ligation of the thyroid vessels; and third, the boiling water injection method of Porter. All of the above procedures may be used in preparing a patient for an ultimate thyroidectomy, although extensive boiling water injections render a thyroidectomy most difficult. If one polar ligation fails to put the patient in condition for thyroidectomy, one may add another ligation or ligature of the superior or inferior thyroid artery, building the patient up, step by step, until he is able to withstand a thyroidectomy. There are cases applying for relief who are unfit for either polar ligations or ligature of vessels or any type of surgical procedure, except possibly the boiling water injections.

Before briefly discussing these procedures there exist physiological facts and observations which have some bearing on this subject.

The vasomotor and secretory nerves of the thyroid penetrate into the thyroid by the same route as do its blood vessels. At the upper pole small branches of the external laryngeal nerve, which itself is a branch of the vagus, penetrate into the gland with the superior thyroid artery, as well as the sympathetic branches. At the inferior pole the nervous branches, reaching the thyroid gland in conjunction with the inferior thyroid artery, are mostly all of sympathetic origin. Briau states that these branches come from the superior middle and inferior cervical sympathetic ganglions and anastomose freely with the cardiac nerve branches of the vagus. It is found that the inferior laryngeal nerve sends directly to the thyroid gland a very few small fillets whose physiological function is not known.

It is accepted today that the branches of the superior laryngeal, penetrating the thyroid at its upper pole, are essentially vasodilatatory, as demonstrated by Frank and Hallion. Further, the irritation of the peripheral end of this nerve produces an increased secretion of the thyroid; consequently the external superior laryngeal is not only a vasodilatatory, but is also at the same time an excitosecretory nerve. The central irritation of the depressor nerve causes an intense vascularization of the thyroid through a reflex intermediary action of the external laryngeal nerve. Observers state that the action of the sympathetic branches are vasoconstrictory. Their division causes a hypersecretion of the thyroid parenchyma. If this is really so, then sympathectomy for Grave's disease is illogical, and some other explanation must be given of its favorable results in that condition (Crotti).

From the preceding it follows that ligations not only diminish the blood supply of the thyroid gland, but also, and at the same time, the thyroid is deprived of a certain portion of its nerve supply. In other words, ligations are actually angioneurotomies.

The polar ligation of the superior pole is to be made just before the entrance of the superior thyroid artery into the upper pole.

Under local anesthesia, a horizontal incision one-half to one inch in length, at the level of the top of the thyroid gland, divides the skin and platysma. The omohyoid and sternohyoid muscles are divided bluntly at their point of junction, in the same direction as their muscular fibres. The upper pole of the thyroid is then isolated and an aneurysm needle, carrying a doubled ligature, is swung around the upper pole and the two ligatures are tied, allowing a small space between them, through which severance is made of the thyroid vessels, running in a bit of thyroid tissue.

Polar ligation of the lower pole presents many more difficulties, due to the anatomic factors concerned, and since isolated ligation of the inferior thyroid artery offers less danger, it is to be preferred.

The presumed advantage of the polar ligation over isolated arterial ligation is severance of both artery and nerves, thus making an actual angioneurotomy. This advantage is a disputed point, though resting on a sound theoretical and physiologic basis. Polar ligation has the advantage that the pole of the gland is easily found.

The disadvantages of polar ligation are, that it may not be as effective as isolated arterial ligation, inasmuch as not infrequently the arterial branches enter the gland so low that polar ligation may fail to occlude all the blood supply. Again, due to the passage of the ligature carrier, more pain is occasioned and wounding of the veins of the gland may occur.

As regards the ligature material, chromic No. 1 is preferred, since silk or linen is usually expelled.

ISOLATED ARTERIAL LIGATION

Superior thyroid artery: there cannot be a fixed anatomic direction for the ligature of this vessel, due to the difference in length and shape of necks and the size and height of thyroid glands.

It is of the utmost importance to ligature the main vessel and not one of its branches, else the full benefit from the ligation will not be secured.

I prefer the following simple and practical technique: Draw an imaginary line vertically through the apex of the thyroid. Infiltrate with anesthetic solution directly across this line and half an inch above the apex of the thyroid. Incise skin and platysma one inch and a half, so the vertical line bisects the incision. The incision may be truly horizontal or slant in a skin crease. The platysma and underlying cervical fascia being out, the muscles are then separated in the direction of their fibres until the thyroid capsule is identified. If doubt exists, ask the patient to swallow. The capsule may be incised and a branch of the artery easily located. The pulsation of the large branch lying at the posterior border of the thyroid cartilage is apparent at this time, and tracing this branch to its point of origin, followed by ligature of the main trunk, completes the operation.

Several minor points assist materially in carrying out this surgical procedure. Preferably artificial light, carefully adjusted to the field of operation, plus

working in a room whose walls and ceilings are either of dark brown or of spinach green, as suggested by Sherman, is of an advantage. The preceding details are more necessary for the ligation of the inferior thyroid artery.

A bloodless field, obtained by using an excess of adrenalin, is necessary. To make the procedure painless, infiltrate the skin and all fascias, and likewise the sheath of the vessel, with the anesthetic solution. I prefer chromic catgut No. 1 for the ligature, since silk and linen are invariably expelled. The artery should not be divided, but ligatured in continuity. A small drain should be left in for a few days. I prefer the safety pins of Herff for closure of the skin incision to either sutures or skin slips.

The isolated ligation of the inferior thyroid artery presents many more technical difficulties than that of the superior, and the previously mentioned aids are especially in order for this surgical procedure, namely, correct lighting and a bloodless field.

Isolated ligation of the inferior thyroid artery inwardly of the carotid sheath appeals to me strongly. The technic is as follows: A horizontal incision two inches in length is made slightly below the level of the cricoid cartilage, the center of this incision to fall directly over the prominence of the sterno-mastoid muscle. Following division of skin and platysma, the fibres of the sterno-mastoid are separated, likewise the fibres of the sterno-thyroid. The thyroid capsule should then appear. During the separation of the fibres of these muscles the tendon of the omohyoid will likely be seen.

The thyroid is retracted inwardly and the common carotid artery separated and retracted outward. When the posterior surface of the artery is reached the pulsations of the inferior thyroid artery may be seen at the level of the cricoid cartilage. The inferior thyroid artery crosses inwardly, coming from behind the common carotid, about one cm. below the carotid tubercle of the sixth cervical vertebra. Ordinarily the recurrent laryngeal nerve lies directly behind the inferior thyroid artery, which crosses it on its inward transit. The inferior thyroid artery lies at a considerable depth from the skin. Not infrequently the sympathetic trunk and its cardiac branches are seen, and care should be taken that they are not injured.

Kocher and DeQuervain and many others make isolated arterial ligation a part of their technique, while Kausch does not. It is possible to ligate both the superior and inferior arteries on the same side through one incision, since they are actually not so far apart as one would think from studying anatomic plates. However, it is poor judgment to attempt to ligate both vessels at the first sitting. One vessel is sufficient for ligation as a beginning, as the reaction will be of aid in determining the actual condition of the patient.

THE BOILING WATER INJECTION METHOD OF PORTER

The boiling water injection of Porter into the gland destroys a portion of the secreting substance, which is eventually replaced by scar tissue, thus reducing thyroid secretion. This procedure will almost always give some degree of relief, and usually such relief appears quickly. It is questionable as to the degree of permanent benefit secured. According to Link, the use of this method should be limited to two classes of cases—those in whom a thyroidectomy is entirely out of the question, and those who have had all vessels ligatured and are still unfit for thyroidectomy. The principal reasons for limiting this procedure to these two classes are, that after its use the thyroid must literally be chiseled out of the neck, being held so tightly by adhesions, and further, the hemorrhage is usually severe.

When one injects boiling water into the thyroid, the idea should be to put as much of the gland out of commission as possible, consistent with the factors of safety.

TECHNIQUE

Local anesthesia is to be used and a one and one-half-inch incision is made in the middle of the usual collar incision for thyroidectomy. The gland is uncovered and from three to six drams of boiling water injected toward the upper pole and the same amount in the middle of the lobe and again in the lower pole. The water should be boiling and the pain at the time of the actual injection may be abolished by a few inhalations of gas. Link advises the use of three pairs of gloves—rubber, chamoisette, and rubber, to pick up the syringes of boiling water which lie at the bottom of the basin of boiling water.

CONCLUSIONS

The following conclusions, relative to the preliminary thyroid operations, are suggested by Crotti:

1. Ligations not only diminish the blood supply, and consequently the secreting power of the thyroid, but there ensues an atrophy of the territory deprived of the blood circulation, which atrophy is in direct proportion to the amount of blood supply suppressed.

2. Since the external laryngeal nerve has a marked vasodilatatory and excitosecretory action upon the thyroid, our efforts should be directed against this nerve. Hence, the polar ligation of the upper pole may be used, since such a ligation includes all the branches of division of the superior thyroid artery. This polar ligation should be an angioneurotomy—that is, a double ligation of the neurovascular pedicle followed by severance between the ligatures. In this manner all branches of the external laryngeal nerve are divided.

3. Where the status of the patient warrants a ligation only, polar ligation of the superior pole is the method of choice, for the reasons previously stated.

4. If the condition of the patient warrants a double ligation, ligation of the superior pole and isolated ligation of the inferior thyroid artery on the same side is to be chosen, based on the fact that anastomoses between the superior and inferior thyroids are numerous, while the bilateral anastomoses are not so well developed.

It is my observation that not infrequently one will find a small superior thyroid and a large inferior thyroid on one side and the exact reverse on the opposite side. Hence, Crotti's suggestions as to ligations and their order of sequence are subject to not infrequent anatomic anomalies.

5. For the same reasons as given in 4, Crotti suggests that if the upper pole has been previously

ligated, the next procedure should be ligation of the inferior thyroid of the same side.

6. If three ligations are performed in one or more than one sitting, one inferior thyroid should be left, to be finally ligated if deemed necessary.

7. Ligations of the four thyroid arteries, in one or more sittings, may be made without danger of necrosis or tetany, unless vascular anomalies exist, and this cannot, of course, be foretold.

I desire to acknowledge my indebtedness to the writings of G. Link in the preparation of this paper.

Westlake Professional Building.

DISCUSSION

Wallace I. Terry (380 Post Street, San Francisco)—As Doctor Bonn has emphasized, we have no exact means for determining the resistance of a patient with thyrotoxicosis to operation. The basal metabolic rate, a study of the heart and other organs aid us in our estimate, but there are other factors, particularly the psychic, which have a marked effect on resistance, and therein lies the great value of experience. It is in the bad risk cases and the doubtful ones that minor surgical procedures, especially ligations, should be done, and Doctor Bonn has carefully mapped out the important steps. I do feel, however, that the objections to boiling water injections outweigh their value and I prefer to insert minute capillary tubes containing radon (radium emanations) into the thyroid, as I have elsewhere described. I am convinced that the frequent employment of preliminary ligations in exophthalmic goiter cases has greatly reduced the mortality. These ligations may be performed under local or gas and oxygen analgesia. I do not use any epinephrin with the local anesthetic, for it can readily produce a marked reaction in Graves' disease—an exaggerated Goetsch test.

I have enjoyed listening to Doctor Bonn's excellent paper and, except for the two objections—boiling water and epinephrin—I heartily commend it.

Asa W. Collins (126 Post Street, San Francisco)—It is so difficult to determine the exact degree of thyrotoxicosis necessary to deter one from performing a primary thyroidectomy that it is easy to understand the various surgical methods recommended as preliminary measures.

Exophthalmic goiters are treacherous and very commonly we are agreeably or disagreeably surprised, as the case may be, with the condition of our patient on the table, and during the first post-operative week.

I have seen patients with grave toxic symptoms pass through the operation and recover, without a disturbing sign or symptom, and on the other hand a stormy post-operative convalescence may follow a supposedly good operative risk.

Each case must be carefully studied in order to judge of the results of an operation, and in this connection I wish to state that upon the length of time that the toxic symptoms have persisted I place a great deal of reliance in determining a prognosis.

I have practically given up ligation, but when necessary polar ligation is the one of choice on account of its rapidity under local anesthesia.

My routine is to place the patient in the hospital for a few days, ostensibly for observation and give gas anesthesia daily for two or three days, then "steal" the goiter.

My technic is to ligate the interior thyroid, then excise by working upward, leaving a piece of the upper lobe, using very few instruments and completing the operation as soon as possible.

I have never used the hot water injections, but believe they may be of service, notwithstanding the fact that I feel a growing tendency to excision in all cases.

Doctor Bonn has presented a splendid paper covering the subject admirably, and his conclusions are logical on a subject of great practical value to the surgeon.

A. B. Cooke, M. D. (606 South Hill Street, Los Angeles)—If iodine therapy for hyperthyroidism, as recently developed and recommended by Plummer, fulfills its present promise there will be little or no use for preliminary operations in future. I have employed it in a number of cases with the most gratifying results. Just why Lugol's solution should be more efficacious than other iodine preparations is not clear, but its power to transform a highly toxic case into a simple case in a very few days is little short of magical. Ligations and other preliminary procedures are intended, of course, merely to prepare the way for curative surgery. If the simple and relatively harmless plan of administering ten drops of Lugol's solution once a day does all that a ligation can do it is greatly to be preferred.

I do not like the boiling water injections and have never employed them. I have, however, used the quinine and urea hydrochloride injections for the same purpose and have been pleased with the procedure in selected cases. This agent, even in weak solution, acts in much the same way as boiling water and has none of the objections which attach to the latter.

Doctor Bonn's paper is to be commended as a thoughtful contribution to the always interesting goiter problem. I particularly appreciate his discussion of the innervation of the thyroid and the practical applications drawn from same.

Doctor Bonn (closing)—Hertzler has most quaintly said that "A goiter patient's history ends only with the patient's demise." I desire to express my appreciation of the generous, timely and instructive discussion accorded this paper.

SOME OBSERVATIONS ON HEALTH CONDITIONS IN NEVADA

By C. P. KNIGHT, U. S. P. H. Service
(From the Director, Division of Child Welfare, Nevada State Board of Health)

Comparatively few people, except of course the state, county, and municipal health authorities, have any intimate idea of the relationship existing between the United States Public Health Service and the constituted state health authorities. So intimately are the functions interwoven that it is often extremely difficult to decide just how far these two agencies can go and just where the authority of each begins and ends. In theory, this should lead to untold disputes, resulting in hampering of general health work, but in practice the public health service and the state health authorities have established such amicable relations and have such a thorough understanding that the task of dealing with health problems is simple.

The keynote of the whole broad scheme is active and thorough co-operation. The broad functions of the federal service are to prevent the entrance of disease into this country from foreign shores, to prevent the introduction and spread of disease from one state to another, to suppress epidemics, to investigate and study all diseases affecting mankind and to disseminate among the people information relative to the maintenance of health and the prevention of disease.

The division of scientific research of the service, which among its many functions has to do with state field investigations, is unique, in that a greater part of its labors has to do with the dissemination of health information among the public and not so much among scientists as is the function among similar bureaus of foreign countries. This division readily gives out the results of new methods, new discoveries, and new investigations by means of

printed pamphlets, newspaper articles, public lectures, radio broadcasts, and public demonstrations.

Having observed the work which was being carried on by the service in Utah, the officials of the Nevada Public Health Association made a request that the unit come to Nevada on completion of the Utah survey. On account of the existing policy of the service to co-operate with official agencies of the state, this association was referred to the State Board of Health. On request of the Governor of Nevada, our unit was detailed to Nevada in March, 1923, for the purpose of carrying on a co-operative survey of health conditions in the state.

Broadly speaking, the United States Public Health Service carries on investigations and the state and local authorities apply the results for the general betterment of health. Although, of course, much original research work has been carried on by state authorities, both agencies work together, however, and obtain maximum efficiency.

The intensive health work now being carried on among children is more or less the result of pioneer investigations carried on by the service. Some years ago investigations of the service showed that blindness among the new-born was becoming unduly prevalent, and issued a bulletin to that effect. Since that time laws have been enacted in every state requiring attention to the eyes of the new-born babies. In 1910 Scherewshy showed that simple home pasteurization of milk did reduce infant mortality. Stiles showed that a good deal of the so-called laziness of the people of the South was in reality hookworm disease. In his early investigations, Clark showed that trachoma was unduly prevalent among the school children of certain states, and as a result the service established the first hospitals for the exclusive treatment of this disease.

For over a score of years the service has, at the request of the state health authorities, carried on investigation in child health work in many states, and the writer has had the opportunity of carrying out complete health surveys in two states before coming to Nevada.

In the program for Nevada, the service proposed to carry on field investigation as to the prevalence of tuberculosis; it was also proposed to carry on a survey of child health conditions, namely, to obtain data relative to maternal and infant mortality; to make investigations relative to conditions among expectant mothers, infants and children of pre-school age; to study existing methods in vogue in school hygiene for the purpose of insuring standardization throughout the state. To establish health centers in certain districts, with the employment of public health nurses.

In co-operation with the Division of Child Welfare, State Board of Health, the Nevada Public Health Association, the Department of Public Instruction, the extension department of the state university, the State Medical Association, and other agencies, the work in the field has comprised three main projects—tuberculosis, child hygiene, and sanitary surveys of water and sewerage. Inasmuch as all health work centers in and about the child, a program with the following headings has been carried on in the counties which have been visited.

1. Holding of prenatal clinics and the distribution of prenatal letters.
2. Advisory clinics for infants and children of the pre-school age.
3. School hygiene consisting of physical examinations, special anthropometric measurements and advisory clinics with parents, relative to nutrition and the correction of remediable defects.
4. Fostering the modern health crusade or other methods of teaching health habits.
5. Investigations of tuberculosis among school children.
6. Sanitary surveys of water and sewerage in relation to infant morbidity.
7. A general health educational campaign.

Before beginning the survey in the field, studies of vital statistics bearing on the proposed investigations were made in the office of the State Board of Health. In regard to tuberculosis there were reported, for six years, 424 deaths. The number of cases reported were 429, or one plus case for each death. This shows clearly that tuberculosis cases are not being reported. For it is well known that we should expect to find at least eight cases for each death reported. Three questions enter this study: (1) Have the families of the deceased moved from the state? (2) Have they failed to consult a physician? (3) Have the physicians been negligent? From personal experience I can say that, relative to one county, question 1 can be answered in the affirmative. Not one family, of twenty-seven deaths, could be found in the town from which reports were received.

A study of the birth records were made for a period of three years; it was brought to light by our field investigations that birth registration is far from perfect in this state. This is accounted for by the fact that many communities are without any medical attention. Many deliveries being accomplished by husband or other relatives and no record whatsoever made. In certain counties I am told the birth is registered with the church, rather than with the board of health.

On April 15, 1923, the actual field investigations were begun. To date, three counties in the southern part of the state have been completed. Besides the regular survey, school hygiene demonstrations have been made in Carson, Minden, and Gardnerville, and other rural towns.

Clark County was chosen as the first county to be surveyed. The towns visited there were Las Vegas, St. Thomas, Overton, Koalen, Good Springs, Bunkerville, and Mesquite. In Lincoln County the following places have been visited: Pioche, Caliente, Alamo, Hiko, and Eagle Valley. In White Pine County, Ely, Baker, Kimberly, Ruth, McGill, Preston, and Lund.

In most of these towns, especially those far removed from medical attention, the condition of the children were found to be about the same as in other states. Among the pre-school children, 68 per cent were classed as under weight, while among the school children 59 per cent were 7 per cent or more under weight. This is due to two causes—errors in diet and the existence of remediable physical defects. Teeth defects prevail almost universally and

show the great need of dental attention in these smaller towns. In one town many cases of advanced pyorrhea were observed in even the very young. Tooth-brushes being quite rare, the writer was unable to obtain for himself a package of tooth paste from the local store. There is, too, a large prevalence of defective eyesight, which is remediable. There is quite a high percentage of enlarged and diseased tonsils and adenoids. In contrast to this in one town, which has ample medical attention, the condition among the children was an agreeable surprise. Much corrective work has been done. Excellent work in nutrition has been carried on by the extension department of the Nevada State University. Out of a group of 237, 137 were found to have good nutrition, while 22 were recorded as excellent, and the balance fair. This town is fortunate in having the services of five physicians and two dentists. A very interesting observation was made in one town as to eye condition. Trachoma was highly prevalent and ran entirely through certain families. The mothers have known about "sore eyes" for some time, but no medical aid was sought. Some were nearly blind, due to the long-standing cause. It is said that these families have been in close contact with Indians, and in some cases married among them.

SANITARY CONDITIONS

In quite a few of the towns and hamlets visited in Southern Nevada, living conditions are extremely primitive. The water supply in some is of the most crude type, running from its source through open, unprotected ditches, through the town ditches and gutters and there dipped and stored in containers, such as barrels, and used for drinking and culinary purposes. Piping water is rare, and even that offers no protections from pollution, as it is invariably piped from the open ditch. In some, cisterns are used for storage, but they are found to be crude and unsanitary, none having top protection, and the rope and bucket type being in use.

At some of the schools visited, the writer found the cistern open at the top and the common drinking cup in evidence. Most of the water comes from the mountain streams and is called "snow water" and thought to be quite pure, and, as expressed by some, "We dip early in the morning before the cattle have a chance to lay in it." Thus the danger—no thought being given to contamination by their fellow-man. One town, which I am told has ample means to finance a proper water system, has about the most unsafe supply thus far found. The source, a most delightful spring, is situated two miles from the center of the town. From there it runs in open course to a series of ditches traversing the town. Situated on this stream the writer counted and examined no less than five open privies, situated too close to the stream for safety.

SEWAGE DISPOSAL

The surface privy prevails with the usual amount of flies abounding. In discussing the sanitary needs, it was easy to gather that most of the women were awake to sanitary necessities, but it is difficult to persuade the majority of men that improvements are needed. The old argument prevails, "My father raised a family of five in this town and we are all healthy." They forget to mention the other five that were not raised. It developed that there is a yearly prevalence of infantile diarrhoea. What is the answer?

I have given a brief outline of the work being attempted. When it is finished valuable data will be available for the state. Public health is purchasable, but little progress is going to be made until the legislature appropriates sufficient funds to properly maintain a department of health. To date, the Division of Child Welfare has placed six nurses in the field for county public health work. These nurses are now doing follow-up work resulting from the survey. It is desirous that the physicians give these nurses their full co-operation, in the interest of community health.

In conclusion, the public health service aims to make such investigations and demonstrations as will tend to further activity on the part of the community, looking forward to permanency. It is the purpose of this service to stand back of and to build up all agencies in the state undertaking public health work. It is the desire of the service to leave a permanent health organization in every county visited. Success depends on the close co-operation between the citizens of the community.

DISCUSSION

Arthur J. Hood (Elko, Nev.)—There are few of us here who do not believe that the future advancement of medicine is closely associated with public health service. Knight, in the opening of his excellent paper, has told us the relations existing between the health departments of the state and the United States and that these two bodies in no sense conflict.

This correlation can be carried out still further. Let us start first, with the public health work as rendered in the public schools; second, that of the city and county; third, of the state, and finally that of the United States. Each group has a definite duty to perform. Each group has a definite duty to perform. Each one should prove of vast assistance to each of the others.

There is a word of caution to be uttered and one which I believe Knight would emphasize. The policies of each one of these departments should be honest and straightforward, without thought of exploitation to anyone concerned. To those who are familiar with the sometime intricacies of political health bodies of private and quasi-public health surveys, no explanation is necessary. Such procedures depreciate the value of the entire service rendered and lower the high standard which has been raised for our profession. It is possible when such conditions are found that a proper exposé by those with official authority would prevent their recurrence.

As a member of this society, I desire to congratulate and thank Knight for the splendid and honorable work he is doing for the welfare of the state of Nevada.

"No one will deny the boon of public care to those who are incapable of caring for themselves, but we may very properly challenge the theory that the first duty of society is to its unfit members, or that the normal man must be restrained from exercising self-control because the sub-normal man cannot control himself. It is highly illogical, deadly to initiative, and destructive to general morale to subject a whole people to the methods of institutional restraint because of a minority that cannot otherwise be restrained."—Midland Druggist and Pharmaceutical Review, November, 1923.

UNDESCENDED TESTICLE COMPLICATING ACUTE APPENDICITIS*

By MAXIMILIAN L. HERZIG, M. D., Seattle, Wash.

SUMMARY

1. Symptoms referable to compression of the spermatic cord and incarceration of right testicle, obscure the underlying pathologic changes occurring in the vermiform appendix.
2. Testicular underdevelopment and resulting subnormal cerebration.
3. Operative technique:
   (a) Pre-operative diagnosis: Incarceration of right testicle and possible perforative appendicitis.
   (b) Descent of right incarcerated testicle. Bassini closure.
   (c) Exploratory laparotomy: Intramuscular gridiron incision.
4. Operative findings:
   (a) Strangulation and incarceration of undescended right testicle and spermatic cord in inguinal canal.
   (b) Copious pus, free in peritoneal cavity. An adherent, sloughing, perforative, retrocecal appendix identified, left undisturbed and free drainage established.
5. Progress:
   (a) *Eventful* recovery from acute suppurative appendicitis following drainage of appendical focus.
   (b) Marked development following the operative descent of an incarcerated testicle in a backward boy, age twelve, who had a bilateral cryptorchism.

COMPLAINT

On April 23, 1923, I was summoned in a great hurry to attend a boy who was "having a cramp." Upon arrival, I was informed that I was too late; inasmuch as his "cramp" was over and he was "feeling better." In bed there lay a chap of about twelve years. His knees were flexed upon the abdomen, and he was bathed in cold perspiration. His temperature was 97, with a pulse rate of 100, which was regular and of good quality. The respiratory excursions were 25 per minute and costal.

INCARCERATION OF RIGHT TESTICLE

He is said to have had a similar, though less severe attack about six weeks ago, when his attendants concluded it to have been due to incarceration of his right testicle.

Upon inspection, the scrotal sac is seen to be empty and atrophied. Now, in this instance of bilateral cryptorchidism, we find the left testicle entirely absent from the scrotal sac and inguinal canal, while the right appears as a swelling, between the internal and external abdominal rings. There is a marked hyperemia about this region, and inflammatory changes are evident. He complains of an exquisite sensitiveness upon motion, and is most comfortable in the dorsal position with his knees somewhat flexed. Any attempt to extend, or even cause a greater degree of flexion of the thighs is accompanied by severe pain in the right inguinal region. Palpation reveals an almond-shaped mass, and on pressure gives the sensation of testicular pain. Above this, the abdomen is slightly distended. Percussion gives a tympanitic tone above, with dullness in the flank.

Percussion was executed under loud protest, on account of the attendant pain. There was present a marked degree of rigidity over the entire abdomen, which was most marked in the right lower quadrant, where it assumed the so-called board-like rigidity. There was also noted some tendnerness over the epigastric region, and pressure over the descending colon gave a painful sensation in the right iliac region. On palpation, the pain was most marked in the right lower quadrant, with the greatest sensitiveness, however, in the right inguinal region. Rectal examination was very painful and revealed the greatest sensitiveness in the right internal iliac fossa.

PHYSICAL EXAMINATION

The head is of normal size and shape. The lower jaw is dwarfed, and the teeth crowded together in an irregular manner. The neck is smaller than usual, but there are no glandular enlargements and venous pulsations are not present. His lips are anemic, the tongue is coated, dry, and there is no unusual aroma from his breath. The palate, fauces, and pharynx are O. K., and the tonsile out. The pupils are regular in outline, but respond sluggishly to the light. The thorax is symmetrical, and the respiratory system appears normal. The heart is normal in outline as to size and shape, and the apex beat is in the normal location. The skin is moist and cool and has the appearance of clay, except in the right inguinal region, where it is hyperaemic, and presents evidence of inflammatory changes.

TESTICULAR AND MENTAL UNDERDEVELOPMENT

The patient appeared stupid, and his intellectual development was so retarded that, after a prolonged stay in the lowest grades, his parent was compelled to withdraw him from the public schools. This genital reflex, from the testicular underdevelopment, with the resulting endocrine hypofunction, manifests its morbidity in the distortion of the cerebral equasion. The increasing impotence, attendant upon such an unrelieved (though remedial) condition, need not here be dwelt upon. Or, to invoke the bon mot of the counsellor—*Res ipsa loquitur.*

FAMILY HISTORY

His mother died at the age of thirty-three, when he was seven years old. The cause of her death is unknown, except that she became paralytic nine days previously. His father is alive and well, and this child has one brother, age five, who enjoys a normal physical and mental development. His uncles and aunts are in good health, and his parents are not near nor distant relatives. The family history is stated to be negative to lues, cancer, diabetes, gout, rheumatism, and T. B. His blood pressure was 130 systolic and 80 mm. of hg. diastolic. His height was about 5 feet and weight 110 pounds, which is an increase over any previous weight. He has had

*Presented at the annual meeting of the Nevada Medical Association, Reno, September, 1923.

the ordinary diseases of childhood, and an attack similar to his present complaint about six weeks ago.

LABORATORY FINDINGS

The important features in the laboratory examination are a leukopenia with a high polymorphonuclear count; and the present hematogenous albuminuria.

DIFFERENTIAL DIAGNOSIS

The questions to be determined are manifestly these: What relation, if any, have the present symptoms to the findings of the attendants upon his previous, similar attack? Do they differ, and if so, wherein? Let us analyze the salient points in the present history and physical findings. In the first instance, I can concur fully in the findings of the attendants upon his first attack, because of the obvious bilateral cryptorchidism and the retention of his right testis in the inguinal canal. This testicle has never been observed to have descended lower in its course at any previous time.

Further points in favor of such a diagnosis are:

1. The lack of a rise in temperature.
2. Normal pulse rate.
3. Absence of nausea, vomiting or diarrhoea.
4. Moreover, the history is negative as regards constipation, the great forerunner of appendicitis.

However, what I cannot pass over without concern is:

(a) The continued abdominal rigidity, after the storm had apparently subsided subjectively.

(b) The pain elicited on palpation of the right lower quadrant.

(c) The tympani of the uppermost portion of the abdomen when in the dorsal position, accompanied by dullness in the flank, which changes upon assuming an altered position.

(d) The extreme tenderness in the region of the appendix on rectal.

(e) The blood picture and urinary findings are significant of something other than an exacerbation due to his testicular anomaly.

All of which seem unwarranted by an attack of testicular colic, which is said to resemble in all respects his previous attack, except (it is explained) that he did not "get over" his last attack as soon as in this instance.

ATYPICAL APPENDICITIS TERMINATING IN PERFORATION

The case in point brings to my memory two atypical cases of appendicitis, one occurring in an infant that died from acute suppurative appendicitis, which, had it been given the benefit of early operative interference, may have had a chance for recovery. But the parents—in an attempt to avoid visitation by the physician—consulted him repeatedly over the telephone. The consequence was that the child was being treated for "having swallowed a pebble" during their stay at the beach, while the causative factor was not disclosed until after the appendix had ruptured, when I was called on the telephone at 5 o'clock in the morning and told that they were bringing a child who was found in a faint when the parent awoke.

Upon inspection, the child was found to be cold and clammy. Its respirations were stertorous, the abdomen greatly distended, and the pulse imperceptible. . . ."Doctor! *Do something*!"

Where are the faithful patients of not so long ago, when all Hippocratean disciples were able to acquire and practice the untrammeled healing art and whose only law was the welfare of the abiding patient? Oh, where, the revered masterful clinician, whose precept was nurtured in the clinical school; that superarrogate gentleman, whose kindly touch would tone the fading pulse. . . . He is not being emulated of late. Instead, he is "legally" superceded by the superarrogant hypocritical skylarks who would imitate the Deity, and with the support of the stolid politician are enabled to mulct the puny in body and soul, while the clinical picture darkens. Then, before the curtains fall, won't you please enter, Oh, Hippocrates, with your oldtime precept—"Medicenae Doctor."

The abdomen was opened a little after I had dismissed them. *"Belly full of pus!"* The poor thing expired for want of the timely recognition and appropriate treatment by the practitioner, who should have been afforded personal charge in the first instance rather than have been superseded by the tyro.

ON TWENTIETH CENTURY VAGARIES

The other case in point was that of a man, age sixty-five, who had an inguinal hernia that simulated the present case in some of its manifestations. When I arrived he was resting in comparative comfort after he had experienced the severest *"catch"* from his rupture, the history of which dates back to when he was in his twenties. Meanwhile, he had seen and followed such enlightening slogans as "Try Your Druggist First." "If You Seek Health for Your Wife, Swallow the All-Powerful Pynkyham Fore-Mule — Ah!" "It Gets You While You Sleep." Chorus: "Keep Smiling," for this is Barnum's Golden Age, *featuring* Epiddyism's, Heathen Mockery on Christianity and Science.

After his habitual use of somebody's "Natur's Rummydies," of which he had taken a double potion the day before, my man was now feeling easier. He had had a chill and collapsed, following which I arrived, finding him with a hernia that reduces easily through a rent in the abdominal wall, which was the obliterated inguinal canal. His abdomen was scaphoid, but extremely rigid and unyielding to the palpating hand. His temperature was 96.2, pulse rate 68 and intermittent. Upon rectal examination he was most tender in the region of the appendix.

Operation disclosed a ruptured gangrenous appendix, surrounded by a well-organized network of adhesions, with a small quantity of pus present upon opening the abdomen. Removal of the appendix and drainage was followed by prompt recovery.

OPERATIVE TREATMENT

From such as the foregoing and other experiences with the elusive appendix vermiformis, I approach the border-line cases with extreme caution and respect. And as Deaver has aptly remarked, "We must be able to recognize the surgical abdomen, and then when we are in it we can look for the trouble. So, mindful of the possibilities in this present instance, my pre-operative diagnosis was, undescended

right testicle with strangulation of the cord and possible ruptured appendix.

Upon operation, at the Providence Hospital, I found the testicle and cord in the right inguinal canal strangulated from pressure, owing to rigidity of the abdominal musculature. The gland and its structures were freed, and fixed in the scrotum. Then followed an exploratory laparotomy. Much free pus escaped on penetrating the peritoneal cavity, and an adherent, sloughing, ruptured, retrocecal appendix was identified, but left undisturbed. A cigaret drain and a soft rubber glove were carried down to the appendix and into the pelvis for drainage. His respirations were rapid and shallow throughout the operations, which were executed under ether anesthesia.

RECOVERY NOT UNEVENTFUL

The progress was uneventful until the fourteenth day, when the temperature rose to 101, with a leukocyte count of 22,000. There was abdominal distension, with the wound not draining much, and no results from the enemas. Next day the patient was running a septic temperature. On probing the wound, with the gloved finger, pus welled up, and a cigaret drain was inserted. Two days later—the seventeenth day—the patient had a scarlet rash on the neck, chest, back, and limbs. Isolation. Six days later, drain removed. General condition now appears normal. May sit up with back-rest support. May 26 recovery and home, following which he showed marked mental improvement, with a notable development in the right testis.

CONCLUSIONS

In concluding, I wish to emphasize:

1. The necessity of a diligent and timely search for an appendiceal focus in a patient presenting atypical abdominal symptomatology involving structures other than the vermiform appendix.

2. The advisability of early operative measures when indicated, as in the cases above cited. For, had this undescended gland been given the advantages of timely operation, the early mental growth of this patient would have been enhanced. Thus, would have this grave complication—perforative appendicitis—been recognized early and avoided ere it had gone on to suppuration and perforation, thereby greatly minimizing the hazards to life and health.

Fremont Avenue and North Forty-third Street.

Adiposis Dolorosa, 300 B. C.—Leroy Crummer, Omaha (Journal A. M. A.), publishes pictures of a terra cotta grotesque of a case of adiposis dolorosa that he believes dates back to 300 B. C. He is convinced that it is a votive offering. These votive offerings afford evidence concerning the peculiar mixture of belief and superstition, and of dependence, which is always the determining factor in the relationship between physician and patient. This figure is of a period when the classical style in modeling had yielded to a more naturalistic form. The donorium illustrated here was found at Athens in the excavations of 1914, and has been ascribed to the third century before Christ. It is a pure terra cotta, is polychrome, and stands 12 cm. high. It is a perfectly typical reproduction of a case of adiposis dolorosa. Crummer assumes that this effigy was made and sent in the form of a petition to the gods of health rather than as an expression of thankfulness for relief of the symptoms. A similar clinical case is cited to bring to mind the motivation for the modeling of this old grotesque.

DIAGNOSIS AND TREATMENT OF CHRONIC ETHMOIDAL CONDITIONS *

By HARVARD McNAUGHT, San Francisco

The diagnosis of chronic inflammatory conditions of the ethmoidal labyrinth is, I believe, more frequently overlooked than that of any other sinus, with the possible exception of the sphenoid, and this must serve as my apology for presenting the subject to you. There are many reasons for this, apart from lack of knowledge. Chief among these are:

First. It may require several examinations and a prolonged period of observation to establish the diagnosis in some cases, and many men are not willing to devote their time.

Second. Some men practicing our specialty have never developed the faculty of observing minute changes from the normal, and this is frequently a sine qua non in ascertaining the condition of this field.

Third. That the diagnosis of some conditions depends almost entirely on the associated symptoms or systemic reactions, and not on macroscopic changes in the nose.

In order to systematize the discussion of this subject, it may be well to consider the inflammatory processes in the ethmoid labyrinth under two heads:

1. Chronic Catarrhal Inflammation (Hyperplastic Ethmoiditis).

2. Chronic Suppurative Inflammation (Empyema).

CHRONIC CATARRHAL CONDITION

On examination, the nose may show nothing pathological in the ethmoid region except, perhaps, a hypertrophy of the middle turbinate. There is frequently a deflected septum, for this is usually the starting point for chronic sinus infections. The patient, however, gives a history of very frequent coryzas, possibly frequent headaches in the region of the nasal base, above and below the eyes, often radiating to the temples. The headaches are not constant. The pain is often severe enough to resemble an idiopathic neuralgia. There is a feeling of fullness in the upper part of the nose, and not infrequently the patient complains of pressure within the eyes. A unilateral granular pharyngitis in one-sided ethmoiditis is frequently present, which is bilateral when both sides are affected. This is due to the irritating post-nasal discharge, and affects the chain of glands behind the posterior pillars. This discharge is characteristic, being of a pale straw color, thin, and watery. It is often irritating to the skin, and may become purulent during acute exacerbations. Other symptoms in the absence of other known factors should lead us to suspect ethmoids. Among these are scotoma, retro-bulbar neuritis, irido-cyclitis, iritis, neuralgic pains in the bulb, ciliary neuralgia, photophobia, hyperaemia of the conjunctiva, edema of the eyelids, and periorbital tissues. Asthma is the most common bronchial affection occurring with hyperplastic ethmoiditis, and in

* Chairman's address, Section on Eye, Ear, Nose and Throat Section at the Fifty-third Annual Session of the California Medical Association, Los Angeles, May, 1924.

absence of any other known causative condition, our attention should be directed to the ethmoids.

However, it may be said that most cases under this classification present some objective findings if carefully searched for. Often if the middle turbinate be infracted toward the septum, the outer wall may be seen to be covered with polyp buds or a general polpoid swelling of the mucosa exists. This polypoid condition may also be seen over the bulla and in the hiatis semilunaris. The bulla on the affected side may often be much enlarged, and should always be compared with the sound side. In the more advanced cases there may be large polypi, which occur mainly on the anterior end of the middle turbinate, along the uncinate process or in the region of the bulla. When the posterior ethmoid cells are affected, the posterior tip of the middle turbinate may frequently be seen by posterior rhinoscopy to be polypoid. In my experience, x-ray examination has not been of much help as a diagnostic measure. I would not open a sinus on the x-ray findings alone, nor would a negative picture prevent my operating one where the clinical findings were positive. They are of value in showing the extent of the sinuses. Suction as a diagnostic aid in this condition is not of value, and may even be misleading, as serum may be withdrawn from the normal mucosa.

SECOND CLASSIFICATION

Chronic suppuration in the ethmoids may be open or latent. The condition is not common, and is usually associated with an empyema of one of the larger cavities. When there is free drainage of the pus, few systemic or local symptoms may be found apart from the local discharge. However, when some condition supervenes which blocks the drainage, the symptoms may be distressing. Severe headache centering over the root of the nose, over the vertex, or radiating downward into the mastoid processes, may occur. Of course, with the presence of pus in the nose, it is a comparatively easy matter, by exclusion, to ascertain that it comes from the ethmoids. The closed or latent form occurs when the drainage is obstructed. The most common places for such collections to form are the anterior end of the middle turbinate, the whole middle turbinate, the bulla ethmoidalis, the posterior ethmoidal cells. The differential diagnosis of this condition is frequently not made until the part affected is opened. In the chronic purulent condition, a mucocele or pyocele may form. A mucocele is made evident by the slow swelling occurring in the superior internal portion of the orbital cavity, which exhibits no signs of inflammation. A pyocele is of more rapid growth and marked by tenderness, fluctuations, and severe orbital complications. Puncture of a mucocele shows a thick sterile mucoid substance, while the pyocele contains pus.

TREATMENT

If the diseased process is confined to the anterior ethmoid cells, and if not of too long duration, a cure may sometimes be brought about by a resection of the anterior end of the middle turbinate, together with a correction of the septal deflection which almost invariably goes with it. In more extensive and older cases, a complete exenteration of all ethmoid cells is called for, with the removal of the middle turbinate. If the middle turbinate is left, I have found that it is practically impossible to keep the drainage free for a long enough period to cure the case. Granulations and adhesions keep forming and blocking the region. If part of the turbinate is left, it rapidly enlarges until it becomes obstructive to drainage or aeration, and has to be removed. Moreover, not so infrequently a large congenital cell occupies the middle turbinate and could conceivably keep up the trouble if left. I have never seen a dry nose or a pharyngitis sicca result from a middle turbinectomy. I believe that the tonsils should be removed in these cases, and adenoids if present. They are a contributory cause to hyperplasia and reinfection of the nose.

Suction as treatment for chronic conditions, I cannot from my own reasoning or experience endorse. If daily washing out a chronic antrum will not cure it, how can sucking the secretion from the ethmoids cure them?

Vaccines have not been of any apparent service in my hands, though given an extended trial. Possibly, the future development of this therapy may give us some real aid.

Washes, sprays, and applications, I mention only to condemn. They cannot, by any possible means, have any curative action and may do harm.

Systemic treatment as yet has not been of use to us in this condition. However, work is being done which may lead us to use systemic measures along with our nasal ones. Recent studies in feeding rats on a diet deficient in fat-soluble vitamin A seem to show that a lack of this substance lowers the resistance of the organism to infections, and in the case of the rats, all nasal sinuses and ears were found to contain pus. A deficiency of blood calcium, according to recent work, would seem to act in a similar manner. In all chronic infections, there is a deficiency of calcium salts in the blood. This may be raised in various ways. One of these consists in the administration of parathyroid gland. Systemic conditions should, of course, be attended to, which might delay healing such as lues, diabetes, etc. However much may be achieved in the future in the way of systemic treatment, I feel certain that surgery will always play a leading part in the cure of these conditions.

In conclusion, I wish to stress the point that many hyperplastic ethmoid conditions are diagnosed on the clinical symptoms, and will be missed if gross changes in the nose be the only guide.

Two case reports follow which illustrate the difficulties in the diagnosis of some hyperplastic conditions:

Case 1—Major B., age 38, ordnance department U. S. A.

Past history — Has had asthma since childhood. Does not get two out of seven full night's sleep on that account. Has been examined by a number of specialists who said his nose was normal, in regard to sinus infection. Was tested out for various proteids and found to react to a number of foods, house dust, and feathers. Frequent bronchitis, always starting as a rhinitis.

Examination—Septum deviated to right, high up. Space both sides, poor; no pus; naso-pharynx, negative; tonsils, hypertrophied; pus expressed. Patient

said that when he was on his holidays and worked in the open air in his garden he seldom had an attack, and could eat the proscribed foods with impunity; but as soon as he went back to his work, which necessitated traveling by train and staying at various hotels, the attacks began again.

I came to the conclusion that the asthma was of bacterial proteid origin, and that there was a chronic ethmoiditis in spite of negative x-ray findings from the following clinical observations:

1. Frequent rhinitis with water discharge.

2. Asthma which frequently is induced by chronic ethmoiditis.

3. The fact that his asthma improved when he worked in the open air and that he could eat the proscribed food at such a time. It appeared to me that if his asthma was of food origin that change of environment would not have affected it, but that if it was chiefly bacterial it might easily do so. This might be explained by an improvement in his general health, which raised his resistance to the bacteria.

Treatment—His tonsils were first removed. Later, the septum was straightened, both ethmoid labyrinths completely exenterated, and both sphenoids opened. The ethmoids were filled with polyps on both sides and the mucous membrane of the sphenoids polypoid. An autogenous vaccine was made from the ethmoid material and administered by Dr. A. C. Reed, who had referred the case to me. The patient has since had only a few transient attacks of asthma, and feels better physically and mentally than he has in twenty years.

Case 2—Mr. G. M. J., age 48, referred by Dr. A. C. Reed.

Past history—About two years ago, began to have what he thought was a chronic cold with pains behind the eyes; no pus, but an irritating watery discharge. Six months later, began to have violent and frequent sneezing spells. Six months later, asthmatic attacks began. He went to a specialist in his city who removed the tonsils without benefiting his asthma. When I saw him, the findings were as follows: Septum deviated to the right. Both middle turbinates were hyperplastic and in contact with the septum. No pus either side; naso-pharynx, negative; tonsils removed. The x-ray findings were negative for sinus infection. The diagnosis was made of chronic ethmoiditis and sphenoiditis, on the following grounds:

1. The trouble began in the nose.
2. The character of the discharge, thin, watery.
3. Asthmatic condition.
4. Did not react to food and other proteids, but did to certain bacterial proteids.

Treatment—Submucous septum resection, ethmoid and sphenoid exenteration on both sides. The ethmoids were full of small polypi and serous fluid. An autogenous vaccine was made and administered, with the result that the patient has been free from colds, sneezing, and asthma for over four years and has gained fifty-two pounds in weight.

135 Stockton Street.

"'The more corrupt the State, the more numerous the laws.' This is a free rendering of an observation by Tacitus nearly 2000 years ago, as he watched the vain attempts to check the decadence of the Roman people by multiplying edicts and statutes, and observation confirmed by every student of jurisprudence since his day, and abundantly confirmed by our own experience. We not only lead the world in the quantity production of laws, but also in breaking them. The British Parliament is said to enact an average of about 150 new laws annually while our Congress and State Legislatures are estimated to produce from 3000 to 15,000 new enactments during each legislative session."—J. H. Beal, Midland Druggist and Pharmaceutical Review.

INDUSTRIAL SURGERY AS A SPECIALTY*

By ALBERT W. MOORE, M. D., Los Angeles

To specialize in industrial surgery, one must have three qualifications to be successful.

He must be a good general surgeon. He must have an understanding of and be well versed in medical jurisprudence. He must have the faculty of understanding human nature.

The class of work which falls into the hands of the industrial surgeon varies from minor injuries to major operations which require instant care. In reviewing the many hundreds of cases which I have handled in the past years, the necessity of proper first-aid treatment has impressed me most emphatically. It has not always been my fortune to see a patient when first injured; but in many instances it has been my misfortune to have patients referred to me after improper first aid has been rendered. It is surprising to me, and no doubt to you, to note the numbers of good surgeons who do not know how to treat and give the after care of infections which have passed the stage of localized infection.

This subject is being taken up in a general way, because I feel that each individual case must be treated individually. We must go carefully into the man's history, as to his family, and his previous infections, their involvement and extent. It is very difficult in many instances to obtain a definite history from the injured; and it is at times necessary to repeat at daily visits questions which may be vital to the patient's interests.

A great many employes view with suspicion the so-called "company surgeon"; and it is very important for all concerned that confidence be established as early as possible. Confidence in the surgeon goes a long way in insuring a rapid recovery of the injured; because if confidence is assured the surgeon's orders will be followed in every detail. If confidence is not felt, the advice of others will be taken, which will conflict with your treatment, and the same will not be carried out.

It has been my practice to order to a hospital such patients as in my own opinion require a better acquaintance and a more thorough understanding between patient and surgeon. By so doing, I feel that in a great many instances minor injuries have remained as such, and serious complications have been avoided. To be a successful industrial surgeon, one must be honest. He must be honest with himself; he must be honest with employer and employe; and he must be honest with the insurance carrier. If a surgeon deviates from this policy of honesty, he is lost. Possibly he may be dishonest for a while, but not for long; because he will be found out, and when confidence is destroyed the surgeon's influence is gone. To be a successful industrial surgeon, one must like his work. He must not allow criticism to affect his good judgment as to the care of his patient. Surgery, if properly handled, is, in my opinion, a great science; but if the surgeon lacks judgment, even if he be most sucuessful with the knife, his end-results will not be the best.

* Presented to the Section on Industrial Medicine and Surgery at the Fifty-Second Annual Session of the California Medical Association, San Francisco, June, 1923.

In head injuries, questionable internal injuries and fractured bones, careful consideration should be given and a thorough study of the patient should be made before finally resorting to surgery. All palliative measures, with proper treatment, should be resorted to before deciding to use the knife. I believe that early surgical interference, most especially in head injuries, has hastened the death of many injured persons who would have been saved by palliative treatment. Open operations for fractures should be avoided until all other procedure has failed. Internal injuries should be treated expectantly until a definite diagnosis has been made; and then time should be allowed for the patient to recover from the shock of the injury.

The great difficulty which confronts the industrial surgeon is the interference by friends of the injured party. They seem to spring up from every angle. They are eager to give advice as to the treatment, and to recommend other doctors who can treat the case just a bit better than you. This advice, in some instances, breeds doubt in the minds of the injured man and his family, and naturally makes the care of the case more difficult for the surgeon in charge. It has been my policy to meet this contingency by suggesting that the family doctor be called in consultation, and by this method many future troubles are avoided. Do not misunderstand me, as I feel that consultation should be had on all doubtful cases, and on my part consultation is always most welcome. A word here, with proper advice, is very welcome and oftentimes is of great value.

Medical jurisprudence to most physicians and surgeons is abhorrent; and the thought of being summoned to the expert witness chair is a nightmare to the majority. To the most learned, the witness chair is at times not the most pleasant place; yet, I feel that no one need have any fear if he tells the truth as to the facts. The cross-examination will take care of itself. In my many years of experience in this line, I have seen many a professional witness break down, because, in my own mind, he was telling things which were contrary to his own belief and good judgment. Expert testimony, in my opinion, has been greatly abused by our profession; and it is my belief that bought testimony has made our profession the laughing stock of the public. The jury is made up of laymen, and how can we expect them to believe us when experts on opposite sides tell conflicting stories as to conditions which should be medical facts?

My experience with insurance carriers has been that they want the facts told in an honest way, neither enlarging upon them or belittling them. I would rather be honest and lose than to be dishonest and win. The human mind is most wonderfully and delicately made. Its consistency is variable; and the mind of one human being differs in range and quality from another, as a delicate piece of machinery differs from one which is more cumbersome. One machine acts to record facts, most delicate and intricate. Another acts in its own boisterous way, yet accomplishes the purpose for which it was made. So with the human mind. One keen and sensitive, easily disturbed. The other slow and insensitive, not affected by certain surroundings. The competent industrial surgeon must know instantly how to approach the one or the other. The first contact with either of the two different types may mean a great deal toward confidence, which must be early instilled if the end-result is to be the best. The industrial surgeon must please the injured; he must satisfy the employer; and the insurance carrier must not be forgotten. The Industrial Accident Commission, the court of last resort, must be satisfied as to the proper care and extent of injuries. All of these lead back to the industrial surgeon, and upon his shoulders fall the responsibilities, the greatness of which no one realizes as well as the surgeon himself.

To successfully handle industrial surgery, one's office must be well equipped. He must have a complete x-ray outfit, with facilities for developing his pictures. He must be prepared to properly handle cases which require baking and massage; and he must have a complete physiotherapy outfit for use where such treatment is essential. The Tait-McKenzie outfit for occupational therapy is of great value. One may have all of the above facilities; but without an efficient office force the means for handling these cases are of but little value. In the practice of general medicine or surgery, so long as one is ethical, he may pursue his profession with little or no interference. In industrial medicine or surgery we are regulated from A to Z, as are the corporations with which we deal. It is my belief, however, that if the industrial surgeon carries on his business in a businesslike way, and treats his injured as all professional men should care for their patients, he need not fear any form of regulation, because he is right. Right is might; and finally it will win. In industrial surgery, when a great volume of work is contemplated, or is being done, organizations are sometimes formed as corporations; others form partnerships. In some instances, these associations are headed and owned by one or more individuals not of our profession. To carry on this work with any success, there must be associated members of our profession. The physicians doing this work, in many instances, are salaried. Others, especially in outlying districts, are working for the layman head of this profession, on a fee schedule minus plan. In other words, this association, to properly thrive in a financial way, must make money off of the hired physician. Fee-splitting with the insurance carrier, solicitation of business through foremen of the assured, with proper remuneration for the same, and paid agents foraging through industrial sections for business, are means used by some of these associations. If these facts are true, as rumors go, as a profession we are commercializing our abilities; and are casting our ethics to the winds to forward the interests of these unscrupulous associations who care not for honor, but whose only aims are of a mercenary nature.

Whom shall we blame for this condition? The ones vitally concerned are the insurance carrier, the assured, and our profession. Let us first consider the insurance carriers. They are in business to make money. Philanthropy does not pay dividends, but honesty does. No business established and carried on by dishonest means can continue to thrive. If dishonesty exists through agencies of the big com-

panies, I cannot be convinced that it does so with the consent or knowledge of the heads of the big companies. My experience of many years with "Big Business" has impressed upon me most forcibly the abhorrence of these men of dishonest methods, and their appreciation of honest service. We must not condemn "Big Business" for an overt act of one or more of their employes. So long as our profession allows itself to be auctioned and sold to the highest bidder, we have no one else but ourselves to blame; and we are lowering the standards of one of the greatest of professions.

The industrial surgeon has been, and, in the future, is to be created. The specialty of industrial surgery will be recognized, as are the other existing specialties. May those, who aspire to be such, work faithfully toward the goal, with heads erect, turning neither to the right nor left, but looking forward toward the time when employer, employe, insurance carrier and doctor may feel that, by hearty co-operation and unanimity of purpose, they are fulfilling the law which was made for the protection of the working class.

917 Brockman Building.

DISCUSSION

Ross Harbaugh (350 Post Street, San Francisco)—I have read with interest Doctor Moore's paper, and some of the points brought out cannot be impressed upon us too forcibly. I do not believe that any of us always fully realize how important it is to go carefully into the history of every patient. History is always important in any medical work, but may become doubly so in industrial work. To illustrate: A case came before the Industrial Accident Commission, history being that some time ago the patient had hurt his foot. Later on an infection followed, resulting in a plantar abscess with serious involvement of the tendons, etc. On investigating the case, it was found that he had been seen by three different surgeons, all fully versed in industrial work and all doing a great deal of it, not handling an occasional case. The first surgeon had reported that the man fell off the running-board of a truck and injured his foot. The second surgeon stated that he had twisted the ankle. The third surgeon stated that the man had stumbled over the cap of a milk-can. Now, as a matter of fact, the man had twisted his foot, but not one of the three doctors had taken up the question as to whether or not there had been a direct blow or serious trauma, feeling, I suppose, that the case was a minor one; merely a sprain, and that an abscess would not follow. Therefore, at this late date, it is next to impossible to find out, from a medical standpoint, just what happened. Another case: A man was known by his family to have had a rupture for many years. During the course of his occupation he sustained an accident (or it is thought that he sustained an accident); just exactly how severe this accident was or just how much it troubled the man, we have no means of knowing. The rupture is said to have troubled him for two months after this accident. At the end of this time, the doctor was called and found the rupture strangulated; ordered operation, which resulted fatally. No history was taken of the alleged accident, although the doctor knew that there was such an occurrence. This, of course, has made it difficult to make a decision. We could have had first-hand information from the doctor, but the case must be settled on laymen's observations.

Cases where insufficient histories have been taken are daily occurrences; I could add to them without number.

Confidence in the surgeon is absolutely essential, and the industrial surgeon is always handicapped in this respect. To overcome this, then, if he is going to be a successful industrial surgeon, he must have more than the usual faculty for handling people in general, and workmen in particular. No one man can please everybody, but he certainly must be a high-class surgeon with the ability and knowledge and skill to treat the type of case adequately with which he is coming in contact. The doctor has touched upon the question of first-aid treatment, and I wish he had gone into it in more detail. Speaking from a personal point of view, it is my impression that nowadays first-aid treatment, as a general rule, is very well administered. I have seen no grave errors committed. I believe that this is one of the good things that industrial surgery has brought about. The insurance carriers and employers, both large and small, have been impressed with the value of first-aid treatment, and I am sure that they have universally been benefited by it.

D. I. Aller (908 Mattei Building, Fresno, Calif.)—Doctor Moore's paper on "Industrial Surgery as a Specialty" has been read and enjoyed.

The industrial surgeon of today must not only be a good general surgeon, but must be a man well-grounded in all the fundamentals of the science and art of medicine, as there is no field in which one has such unlimited opportunities to apply general as well as specialized skill.

First aid as rendered today, in my opinion, is quite efficient, if the surgeon follows it at a very short interval with properly instituted therapy and does not allow first-aid measures to carry the patient over any extended period of time.

If the industrial surgeon is the trained educated man that all practitioners should be, there is no question to be raised as to his conduct toward patient, insurance carrier, or the employer. His course is the plain path of applying his best knowledge to the case in hand, and the end-result should be fair to all concerned.

The practice of compounding a simple fracture, only on the rarest occasions, should stamp a man as incompetent. However, in head injuries, it is my belief there are definite indications which demand decompression and drainage; but as these cases are few, the surgeon should be very sure of his findings before proceeding with such radical treatment.

If a careful history has been taken and the treatment as near standard as practicable, the diagnosis right, and the end-result a definite entity which is measurable, the witness chair should be a period of relaxation and not a nightmare or a thing of horror.

It is always to be expected that when a new field opens in medicine or surgery, the unscrupulous for a time will be in the ascendancy, and make for themselves money at the expense of all concerned, especially the patient; but following this there is always a period of readjustment, which is now being shown on the part of some insurance carriers, in the selection of the best medical talent that their particular locality affords. Which indicates that experience is teaching that the best medical and surgical aid available is cheapest, not only in dollars and cents, but in lessened disability periods, fewer permanently disabled, and a contented clientele.

The problem before the industrial surgeon is to do the work at hand conscientiously, painstakingly, giving the best he has to the problem; and recognition will come, and with its coming will be the permanency of the newly created specialty, industrial surgery.

W. C. Adams (Medical Building, Oakland)—I might add to Doctor Moore's paper that the industrial surgeon should have reasonable knowledge of the Workmen's Compensation laws. With this knowledge he can be of valuable service to the insurance carrier, the employer, and the injured. He will recognize at once when the injured appears whether or not the injury comes under the Workmen's Compensation laws, and in making a careful report, especially in border-line cases, better enable the insurance car-

rier to determine its liability. He can be of service to the employer in the making of his reports and in giving him the proper information as to what comprises an industrial injury. He can be of valuable service to the injured, in helping him obtain his proper compensation by informing him of the proper procedures.

In the matter of histories, I believe we all know the value of an early history which is concise and states all the facts. Of course, the earlier the history is taken the more accurate and truthful will be the statements of the injured. A history taken immediately after the injury will almost always be the truthful one, but when the patient does not seek medical aid for two or three days after the injury, or the attending physician has not taken the history for two or three days, he is very apt to obtain statements which are not exactly the actual happenings. As mentioned by Doctor Moore, questioning the injured from day to day often throws the proper light on the actual condition. This particularly is so in doubtful cases.

Doctor Moore speaks of the lack of confidence of patients in the industrial surgeon. It might not be out of place to mention here the confidence an insurance carrier should place in the industrial surgeon. If by some chance the injured does not improve satisfactorily, the insurance carriers, whether through their medical directors or chief claim adjusters, are always ready to criticize the surgeon in the most curt manner. The insurance carrier should encourage to the utmost a surgeon who is giving them service; and should a case not be going well, should seek the cause from the attending surgeon in a friendly manner rather than by criticism. It often appears that the insurance carrier never considers the large number of successes of the surgeon, and criticizes severely when an occasional bad result arises. For this reason alone large numbers of our most efficient medical men are not willing (and justly, too) to take this abuse, and, therefore, their valuable services are lost, making the good industrial surgeon a rare rather than a common finding.

I wish to commend Doctor Moore for advocating well-equipped offices. No office can efficiently care for the industrially injured without a thoroughly equipped physiotherapy department which must include diathermy, faradic apparatus, hydrotherapy, thermolite heating, massaging, and medical and corrective gymnastics. A well-trained physiotherapist who understands the application and indication for the use of the above is indispensable. There is at the present time too great a tendency to the use of office aids who understand little if anything about physiotherapy, and this practice should be discouraged.

Much is yet to be spoken on this interesting subject, but I do feel that the standards of our industrial medical work are rising greatly and that this great work will soon be placed in its proper rank as one of the important surgical specialties.

Doctor Moore (closing)—I have read with interest the discussion of Drs. R. W. Harbaugh, D. I. Aller, and W. C. Adams, and I heartily agree with their suggestions as expressed in their discussion.

I believe that we cannot dwell too forcibly upon the history of all industrial injuries, both personal and family history, going into the medical as well as the surgical procedure which may have antedated the injury which we are treating.

I note that Dr. Harbaugh discusses strangulated hernias. This is a serious condition which must be early recognized by the surgeon. The end-result depends upon the early diagnosis in these instances.

"With public sentiment nothing can fail; without it nothing can succeed. He who molds public sentiment goes deeper than he who enacts statutes or pronounces decisions. He makes statutes and decisions possible or impossible to be executed."—J. H. Beal, Midland Druggist and Pharmaceutical Review, November, 1923.

CHAIRMAN'S ADDRESS *

SECTION ON GENERAL MEDICINE

By A. S. GRANGER, Los Angeles

So many cults, fads and pathies have sprung up, gained root and flourished, especially on this Western Coast of ours, that many of us have become alarmed at the extent of their growth, and have pondered over the reasons for such inroads upon the sacred right to practice the healing art in ways other than we have come to believe are the only right ones. We have even attempted to enter the field of politics and enact legislation aimed toward the requiring of these alleged competitors to become better educated. Now, it has been my belief that the reasons for the popularization of such faddisms lie largely within ourselves, and that we may best fight them by (adopting a common phrase) "cleaning our own house" and improving our shortcomings so that educated people, at least, will in time recognize the advantages of scientific medicine, and our so-called competitors will die for want of proper support and sustenance. May I, therefore, call to your attention a few of the evil tendencies which, to my mind, are fraught with certain dangers and pitfalls and which we should be careful to avoid if we are to do the best that is in us toward a conscientious and honest effort to be of the greatest possible service to our patients.

OVERSPECIALIZATION

There has been during the past decade a noticeable inclination toward overspecialization, not only in medicine in the broad sense of the term, but even in the so-called branches of internal medicine. Now, the field of internal medicine is not so broad but that its students should have a sound, basic knowledge of all of its component parts, and because there is scarcely a disease of any one system that may not influence other systems or be in turn influenced by them, we should be cognizant of the balance that each system maintains with the others. It would seem essential that a young man entering upon the field of internal medicine should practice that field generally for a number of years sufficiently to have obtained the broadest possible conception of disease from the angle of every organ of the body before he announces that "hereafter practice will be limited to diseases of the heart and blood vessels," or to "diseases of metabolism," or to "endocrinology," or what not. And it is to the young physician that these remarks are particularly addressed. It is human nature that an individual specializing in endocrinology, for example, should, after a time, come to view all patients from the standpoint of their glands of internal secretion, and perhaps overlook very important diseases in other organs which may be of paramount importance. He may answer such a criticism by saying that all his work is referred, and he takes it for granted that the physician referring the patient has gone over all other systems and he himself is not particularly interested in any other issue of the case; he gives his report, outlines the treatment, and the patient is the one to suffer a pos-

* Presented at the Fifty-third Annual Session of the California Medical Association, Los Angeles, May 12, 1924.

sible lack of diagnosis based upon sound judgment and broad conception. It is true, on the other hand, that certain branches of internal medicine and certain methods of recognized aid in arriving at a diagnosis are better handled by those who, through experience and peculiar adaptability to such methods, become proficient in them; and yet before referring our patients we should be thoroughly satisfied that the condition for which he is referred is the essential one, and not lose sight of other conditions which may be of as great or greater import.

SHORT-CUTS IN DIAGNOSIS

Another tendency lies in the abuse of instruments of more or less precision and of various laboratory methods as short-cuts, in arriving at a diagnosis. The estimation of the basal metabolism, the electrocardiograph, blood chemistry, and the x-ray have all been frightfully overindulged in, particularly by those unfamiliar with the interpretation of results recorded by such means. It would seem, sometimes, that many of us employ such methods simply because they are fashionable or because we don't know what else to do, and, sad to say, we often pin our entire faith on the result of one of these laboratory tests, and again lose sight of other pathological conditions. As a matter of fact, all of these diagnostic aids are of inestimable value when utilized properly, but there are so many cases where our own careful physical examination should tell us much more, and the analysis of our findings should at least lead us to a weighing of the facts as to whether such aids in question are necessary or not. This tendency has come about largely through the teaching and modern equipment of our medical schools and hospitals, where facilities for having all sorts of laboratory work done are constantly at hand and where specialists, at a call, are available to give their opinions. We forget that a certain percentage of the graduates of such institutions are going out to practice in territories where such facilities are lacking, and in consequence they are often at a loss to know how to use their heads and hands in making a diagnosis. All of us who are teaching constantly run into this very thing with our internes. In working up a case they first employ the services of the general laboratory, the roentgenologist, the neurologist, and the surgeon, and base their final judgment on the opinions expressed in these reports rather than going over the patient from every angle and themselves expressing an opinion.

THE HABIT OF REFERRING PATIENTS

This leads to the consideration of another evil—the habit of referring patients to various specialists for opinions which we should be better capable many times of forming ourselves. A patient with rheumatism or neuritis is referred to the nose and throat man for his opinion as to the tonsils and sinuses; to the roentgenologist for his opinion concerning the teeth or gastro-intestinal tract; to the ophthalmologist for eye-ground examination, and where not. And the reports which come back are in general the same. Something ought to come out. All tonsils look bad and should be removed. Suspicious teeth ought all to be extracted. An adherent appendix is a focus of infection, and should be removed. Most of these examinations can be done by all of us, and how much more valuable should our own opinion be, after carefully weighing all the findings, than the opinion of a man who looks upon but one angle of the case. We may interpret the specialist's report, if you please, in the light of whether or not that one factor may be responsible for all the untoward symptoms present. Again the reaction on the patient from this habit is a very bad one. He gets tired of being sent to half a dozen different specialists, and usually when he gets all through with the various examinations there is no one sufficiently interested to piece the results together and weigh them carefully and sufficiently to satisfy him.

OVEREQUIPMENT

Still another tendency frequently observed is the overloading of one's office with equipment of every sort, in the way of a complete laboratory, x-ray machines, basal metabolism units, and, in fact, all of the so-called diagnostic and therapeutic aids. These all require space, and space costs money. Someone has to pay for the upkeep and overhead charged to each department; usually it is the patient, and human nature is such that it is very easy to fall into the habit of running all patients through this and that test whether it be necessary or not.

THE PASSING OF THE FAMILY PHYSICIAN

One of our best known "has-beens" is the family physician, and this has come about largely through specialization. People no longer have one physician to whom they may go with their confidences and to whom they may look for guidance for their own and their family's affairs. Nowadays an osteopath takes care of the back pains, a pediatrician looks after the children, the neighborhood physician attends the servants, and father and mother have a retinue of specialists to look after their various upsets. How much better to keep an eye on our families; send the child to a throat specialist for tonsillectomy if you will, but first examine that child carefully and see if he really needs such an operation or if some other abnormality may contra-indicate it. Examine thoroughly the young wife who has missed three menstrual periods and then refer her to the obstetrician best suited to serve her. In short, guide the medical destinies of your families, and the esteem in which you are held in your community will increase a hundredfold and you will be doing more in the matter of properly educating your share of the public medically than all the articles in the public press ever could do.

I trust that none of you has taken offense at any of these brief remarks. They have not been aimed toward any individual nor to any group of specialists. They are simply the expression of thoughts which have cropped up in my mind by reason of having them all brought to my attention time and time again, and I sincerely believe they are worth while considering.

ARTIFICIAL PNEUMOTHORAX VS. REST IN PULMONARY TUBERCULOSIS

By PHILIP KING BROWN, M. D., San Francisco,
Medical Director Arequipa Sanatorium, Consultant Alum Rock Sanatorium, Southern Pacific and St. Joseph's Hospitals

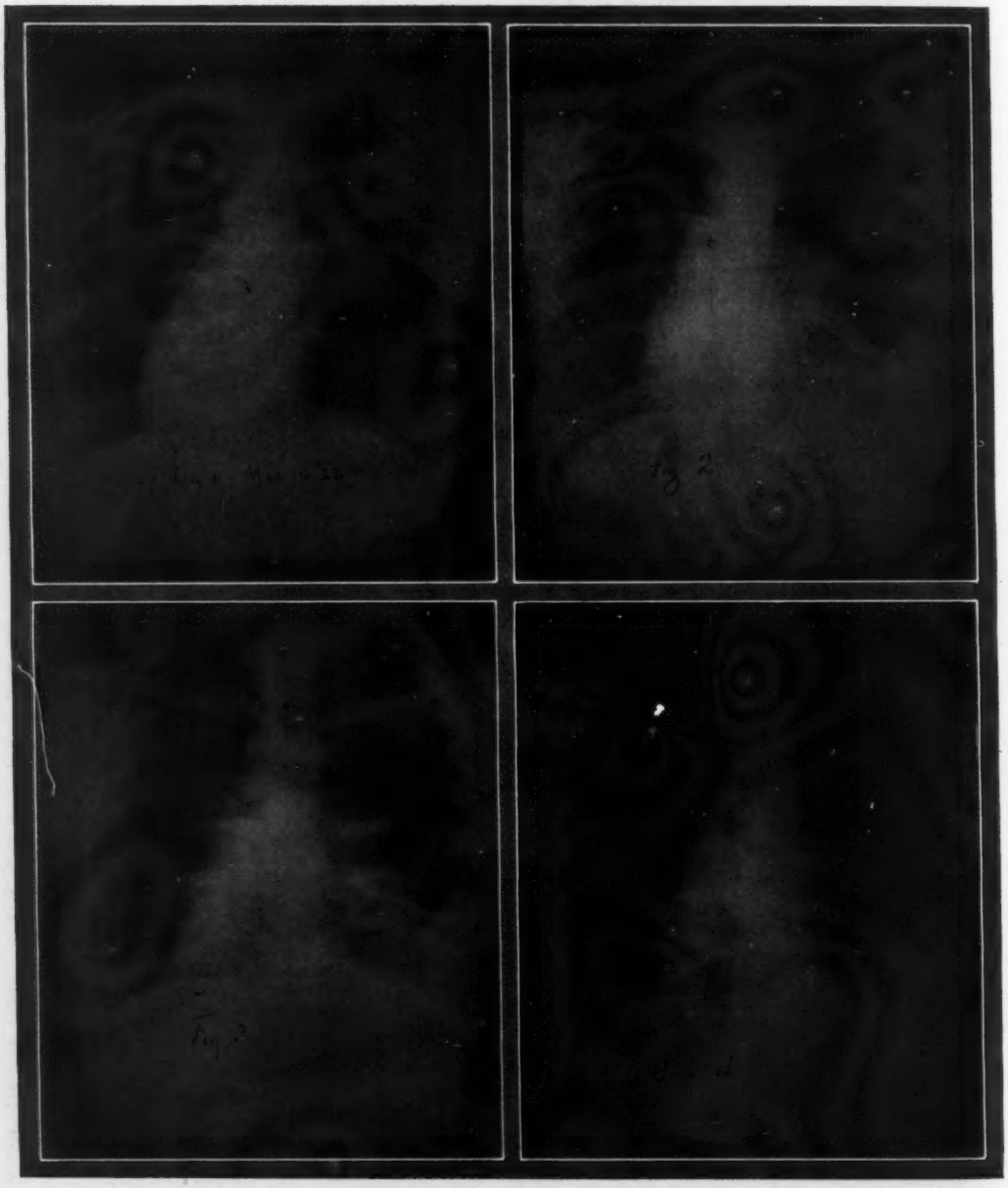
It is not often that one has a chance to compare the effects of bed rest in the treatment of pulmonary tuberculosis with the effects of rest by artificial pneumothorax.

The following case presents the comparison so strikingly that it seems worth making a matter of record:

Mrs. S. A., age 22, referred to Arequipa Sanatorium, March 10, 1922, by Dr. M. P. Burnham, gave the following history. There is no tuberculosis in her family, and her only known exposure was working in a department store near a girl with tuberculosis.

Past History—No serious illnesses and no history of measles, pneumonia, or influenza. Her tonsils were removed six years before under general anesthesia; a wisdom tooth was removed a year before, also under general anesthesia. Cervical repair, following birth of her first child, was also done under ether anesthesia. Seven months later, she consulted a physician for a persistent cough and pain in the right axilla. Her weight had fallen from its highest, 141 at 16, to a general average of 129 when the cough began. Since then, it had gone as low as 115.

On examination, she was found to have activity in both apices, with especially marked signs in the back. The right upper lobe was quite generally involved, and the upper third of the left upper lobe. Stereo



x-ray plates showed a cavity (see Fig. 1) in the right upper 4 cm. in diameter. It produced no characteristic physical signs.

She was put to bed. Temperature became normal very soon, and in a month the left apex seemed quite inactive. The evidences of pleurisy were constantly present on both sides, but particularly the right, and a partial compression of the right side was done. The left side held up well, and as adhesions were numerous on the right side, threatening to keep open the cavity (Figs. 2, 3, and 4), a full compression was attempted. From April 20, 1922, till March 17, 1923, she was compressed twenty-six times, from 600 to 1450 cc. of air being given at a time. All this time, the left side remained entirely quiet. Toward the end of the period, air sufficient to produce a positive pressure of 5 on the water manometer was introduced, in the hope of stretching the adhesions sufficiently to close the cavity. Within the first six months, she lost her cough and ceased to expectorate. She was afebrile after the first month.

At the end of a year at Arequipa, she was dismissed with the lung compressed and with instructions to report for compression at the clinic. This she did not do, but five months later she reported with her right lung fully expanded and a further gain of five pounds, no cough, no expectoration, no signs of activity in either side, some pleural signs on both sides. She continued to improve for the next few months, when the baby had measles and scarlet fever, and financial worries made matters worse. A cough developed, and in February, 1924, an examination showed activity in the left apex. Plates of the lung (Fig. 5) showed that the original left-sided lesion had become active again after an arrest of nearly two years, and had broken down so that there were two cavities the size of quarters just inside the left shoulder. The right side showed *nothing* on physical examination, and the x-ray plate shows no sign of the cavity, no scar tissue, *nothing*, in fact, to indicate that the lung had been extensively involved two years before, and had a cavity in it as large as a big egg.

A comparison of Fig. 1 and Fig. 5 shows what artificial pneumothorax can do to a well-advanced destructive lesion in the lungs. During the year of compression of that side, while the patient was herself at rest, the arrested lesion in the left apex remained absolutely inactive and showed no signs for a further period of eight months, during which time no extra strain was put on it because the right lung had expanded fully.

Under two months of nervous and physical strain with a bad cold, the left side has a serious relapse, while the right side, many times more involved than the left, remains absolutely sound.

909 Hyde Street.

REPORT OF 300 CASES OF PULMONARY TUBERCULOSIS TREATED WITH PARTIAL ANTIGENS (MUCH-DEYCKE) DURING THE LAST THREE YEARS *

By MAX ROTHSCHILD, M. D., and HARRY WARREN, M. D., San Francisco
(From the California Sanitarium, Belmont, California)

One of the principal differences between the partial antigens of Much-Deycke and other vaccines is, that the tuberculin or toxin is removed, and, as a result of that change, the partial antigens rarely produce reactions when administered. For this reason, they may be used in febrile cases.

The second difference lies in the fact that the residuum of the culture of tubercle bacilli, after the toxin has been eliminated by filtration, is split up, by treating it with alcohol and ether, into three groups—an albuminous group, termed A; a fat acid, termed F; and a neutrad fat group, termed N. These three groups represent the antigens which are used for treatment, according to the presence or absence of the corresponding antibodies. Varying dilutions of the antigens are injected intracutaneously, and by the local reactions resulting it is ascertained which antibody is present and which antibody is absent.

There have been several objections to the partial antigens. The two important ones were, first, the claim that no antibodies existed to lipoids. This objection has been definitely eliminated. It has been proven by European, as well as American schools, that antibodies to fat bodies do exist, and, in fact, play a very important role in vaccine therapy.

The second objection was that the claim of Much that the immunity of the patient could be determined with almost mathematical accuracy by the partial antigens was not substantiated. This objection is undoubtedly justified to some extent. In some cases the clinical picture does not entirely harmonize with the result of the immunity test. There does not exist any immune biological method which would give us a picture of any state of immunity with mathematical accuracy.

* Presented to the Section on General Medicine at the Fifty-third Annual Session of the California Medical Association, Los Angeles, May 14, 1924.

Another objection which has been raised is due to the claim of Much and Deycke that the partial antigens should be and could be used successfully in all cases of tuberculosis. It is the same mistake that has been made by so many other discoverers of new sera. In our opinion, the use of different tuberculins should always be based on a thorough study of the underlying pathological condition, and this determination is of the greatest importance in the treatment of pulmonary tuberculosis. We are well aware that there are still some schools that object to the treatment with tuberculins in any form, relying only on non-specific treatment such as rest, sunshine, food, x-rays, pneumothorax, where indicated, and other non-specific methods. But these schools are in the minority. I have used tuberculins extensively for a great many years, and I would not like to be without them in the majority of cases.

We divide the pathology of pulmonary tuberculosis into two principal types—the exudative and the productive. The exudative type is that type in which the infection begins in the alveoli, the parenchyma of the lungs. It causes the secretion of serum and leucocytes into the alveoli, and is followed gradually by ulceration and cavity formation. The other, and by far the more favorable type, is the productive type. Starting in the interstitial tissue, it is followed by cirrhosis and scar formation. A purely exudative or purely productive type is, of course, only found in the very first incipiency of pulmonary tuberculosis. The more the case is advanced the more the two types become merged, and it becomes more difficult to determine which type is predominant; but this can be done in the majority of cases by clinical observation, x-ray study, and most accurately by immune biological tests.

In the more dangerous type, the exudative, the toxin-free tuberculins are indicated; of these the partial antigens have given us better results than any other. We have used them for the last three years, and with each year our results have become better, as our statistics show. This fact is undoubtedly due to a modification in the treatment. We have not strictly followed the directions of Much and Deycke, but we have used the partial antigens chiefly intracutaneously as Sahli, in Switzerland, has recommended for the Beraneck serum. Also we have, especially in the more advanced cases, confined ourselves to extremely small dosages, in longer intervals, increasing the doses only when we considered it justifiable.

With our increasing knowledge of immunology, we have to realize more and more the great importance of the skin as an organ for the production of antibodies. If we consider the fact that those infectious diseases which are characterized by more or less classical skin eruptions as, chickenpox, scarlet fever, typhoid, smallpox, et al., produce a very definite and lasting immunity, we will realize that the skin must have a good deal to do with this fact.

Time does not permit me today to discuss further the differentiation of the pathology or the theoretical explanations why the toxin-free tuberculins are more indicated in the exudative type, and the old tuberculins in the productive type. Please do not think that we regard the partial antigens as a specific for pulmonary tuberculosis; on the contrary, we have had our failures as have all others engaged in treating that class of patients.

I am bringing this method before you as having given us the best results, and am presenting, radiographically, some of the cases to illustrate the points I have so briefly mentioned.

THE BAD RISK AND THE SURGEON *

CHAIRMAN'S ADDRESS: SECTION ON GENERAL SURGERY

By REA SMITH, M. D., Los Angeles

Very frequently in our surgical life we are confronted with the problem of a patient whose condition demands operative interference, often of a life-saving character, and yet, for one reason or another, the operation by routine methods is nearly, if not absolutely, contra-indicated.

In the field of making safe the urgent surgery for the "bad risk" patient, Crile has, I think, contributed more than any man or group of men. His practice of the two-stage gastrectomy—the two-stage operation for goitre have been widely discussed and adopted. The giving of great quantities of fluid under the skin—not by the pint, but quart after quart the day before and the day after operation, has undoubtedly saved many lives.

The training of more men to use local anesthesia for major urgent surgery is, I think, an even greater step toward the safety of many patients. I use the word "training" advisedly, for it is absolutely necessary for surgical assistants and operating-room staff to be quite accustomed to the changed conditions of abdominal section under local anesthetic, to have it successful at the time it is needed.

An acutely diseased appendix occurring in the course of pneumonia; perforated gastric or duodenal ulcer in the course of influenza, or even the more elective procedures in upper or lower abdomen in presence of active pulmonary tuberculosis, illustrate the point I am making. All these things are simple and can be done without general anesthetic without discomfort or distress to the patient and without the great mental strain that is so often spoken of, if the whole surgical team is trained in gentleness, deftness, and silence.

To me the greatest boon has been the simplifying of the treatment of the deeply *jaundiced* patient with duct obstruction. Formerly, my mortality was so high that I viewed with terror a yellow skin in office or hospital. We would test for coagulation time—give preliminary blood transfusion and calcium, and do everything in our power to make our patient safe and then go in and remove obstructing stones in the common duct—drain the liver and put our patient back to bed in good condition and feel that we had done a very "slick" surgical procedure. The next day the patient remained in good condition, but the drainage decreased. The following day the pulse began to go up; the patient began to be restless and the drainage became much less. Under the impression that our tube might be stopped, we loosened the tube and drains without avail. The

* Presented at the Fifty-third Annual Session of the California Medical Association, Los Angeles, May 12, 1924.

bile stopped coming, and on the fifth or sixth day the patient died. This, of course, did not happen every time, but it happened far too often. These patients died from lack of liver secretion due to hyperemia, following sudden relief of pressure, just as the patients with prostate troubles used to die from hyperemia of kidneys, following primary prostatectomy due to sudden relief of pressure on the circulation of the kidneys. The same procedure that has made prostatic surgery safe has also made safe the surgery of biliary obstruction.

Under local anesthetic, the abdomen should be opened and a tube tightly sewed into the biliary tract behind the obstruction—the gall-bladder preferred, if the liver can be drained from there. A clamp placed upon the tube immediately so that the dammed-up bile will not all escape, and the patient returned to bed. Releasing the clamp for one-half to one minute each hour will be enough to keep tension off the stitch line, and slowly empty the liver. It is very interesting to watch the bile lighten from the ordinary black concentrated flow at first to clear mucous on the third day, then slowly return to its normal amber color. When normal bile comes freely, the patient is safe for any radical duct surgery, just as the kidney function established by preliminary controlled drainage of the urinary bladder makes the patient suffering from prostatic trouble safe for radical removal.

A great deal depends upon the relation of the surgeon to his patient—his ability to establish a trust and confidence in his patient which will carry them both *by* the short interval of time when a viscus is open and it is imperative that the field be unchanged.

"Much of the individuality and personality of the surgeon comes silently out in his operating," says Bickham. "There are manifest his broad or narrow surgical knowledge; his operative technic; his profound knowledge of practical anatomy, or his 'cut-and-tie' method; his knowledge of surgical pathology, or his surprised and nonplussed discovery of unknown or illy understood conditions; his system, or lack of system; his orderliness, or its absence; his reasoning, or his drifting; his action following conviction, or his action determined by accident; his regard for the structures of man, not unnecessarily to harm even connective tissue, or his disregard of all but his preconceived goal, with much needless sacrifice of important parts on the way.

"Operative surgery is, in a sense, applied anatomy; and it is highly satisfying to the surgeon as well as to his onlookers to see the steps of an operation proceed with careful and conservative regard for the anatomic structure of man, with the realization that not a fiber is there to be sacrificed uselessly, though he, in his meager knowledge, may not know its full value and exact function; with the same tenderness of care as though the patient's body were his own body and his structures as valuable as his own. The mechanical side of the surgeon's art should be so instinctively done, and be so free of effort, that the higher, weightier expressions of mind, judgment, decision and its allied manifestations, may have unfettered play spontaneously and not require to be called up by effort. Quickness of thought, with prompt action upon decision, are desirable; simplicity and directness of personal technic; quietness and calmness under the most trying, as well as under the easiest, circumstances; smoothness and accuracy of detail in the team-work of surgeon and his assistants are all admirable.

"Detail and thoroughness, and conservation of the tissues, should not be sacrificed for speed; nor should dilatoriness of technic, or a wavering mind unnecessarily prolong an operation. It is wiser to operate well than to operate brilliantly; a superlative degree of the former and a reasonable degree of the latter should be the surgeon's aim. Probably many lives have been the direct cost of unbalanced operative brilliancy.

"While the patient is better off in the hands of a timid, painstaking surgeon than in those of a bold, destructive operator, judicious boldness—the boldness that comes of the certainty of knowledge and the certainty of one's self—is a creditable asset to its possessor, and a pleasant sight to those viewing his work. The boldness that comes of ignorance or recklessness cannot be too sweepingly condemned. Timidity in operating is generally an agony to the operator himself; and is only too evident, and an uncomfortable sight to those obliged to witness it. Timidity is practically always an expression (and confession) of ignorance—often an ignorance of surgical pathology, but much more frequently an ignorance of pure (to say nothing of surgical) anatomy; and a pale face, troubled eyes, uncomfortable moisture, cold hands, and cold feet are only too often its outward signs.

"The conscientious surgeon is profoundly affected by the responsibility and seriousness of his role; and to the desirable acquisition of 'the eye of an eagle, the hand of a woman, the heart of a lion,' may well be added the soul of a man."

1136 West Sixth Street.

Blocking Lymphatics in the Control of Carcinoma of the Prostate Gland—After a careful review of the literature, supplemented by experience, Robert H. Herbst, Chicago (Journal A. M. A.), concludes that the treatment of carcinoma of the prostate resolves itself into a consideration of the following problems: (1) The control of the cancer; (2) the relief of urinary retention, and (3) the obtaining of the best possible function after the cancer has been controlled. In order to accomplish these purposes, Herbst believes that it is essential to open the bladder suprapubically. A suprapubic cystotomy gives the opportunity to accomplish best these three problems. When the lymphatics leading from the prostate gland have been blocked by the action of radium, the malignancy in the gland proper may be taken care of by introducing needles through the perineum, supplemented by urethral and rectal applications. Roentgen-ray therapy is undoubtedly of some value in conjunction with these other methods. In Herbst's opinion, the failure to control the disease in the past has been due, at least in some instances, to the haphazard introduction or application of radium to the malignant prostate. A knowledge of the lymphatic circulation, together with the establishment of good drainage of the urinary tract, is essential to success in the control of the disease. Accuracy, coupled with attention to detail, is as important in the control of cancer of the prostate as in any other surgical procedure.

SYMBIOTIC LIFE*

(Reported by E. G. Best, M. D., Secretary California Academy of Medicine)

Dr. Nuttall's address was illustrated by fifty lantern slides, which helped materially in conveying to his hearers a clear conception of his thesis. He spoke of (1) Symbiosis in Plants (lichens, leguminous and tuberous plants, mycorhiza in orchids and other plants and (2) Symbiosis in Animals (protozoa, coelenterata, turbellaria, insecta, mollusca, cephalopoda, tunicata and vertebrata (fish), showing how widely symbiosis has been observed in different classes of animals.

The subject of symbiosis is one of broad biological interest, an interest that appeals equally to the physiologist, pathologist, and parasitologist. It is a subject upon which much work has been done of recent years in different countries. The literature relating to symbiosis is largely foreign, somewhat scattered and relatively inaccessible.

The term "symbiosis" denotes a condition of conjoint life existing between different organisms that in a varying degree are benefited by the partnership. The term "symbiont," strictly speaking, applies equally to the partners; it has, however, come to be used also in a restricted sense as meaning the microscopic member or members of the partnership, in contradistinction to the physically larger partners, which are conveniently termed the "hosts," in conformity with parasitological usage.

The condition of life defined as symbiosis may be regarded as balancing between two extremes—complete immunity and deadly infective disease. A condition of perfect symbiosis or balance is realized with comparative rarity, because of the many difficulties of its establishment in organisms that are either capable of living independently or are incapable of resisting the invasion of organisms imperfectly adapted to communal life. In these respects the conclusions of Bernard and Magrou in relation to plants apply equally to animals. It is difficult to imagine that symbiosis originated otherwise than through a preliminary stage of parasitism on the part of one or other of the associated organisms, the conflict between them in the course of time ending in mutual adaptation. It is, indeed, probable that some supposed symbionts may prove to be parasites on further investigation.

In perfect symbiosis the associated organisms are completely adapted to a life in common. In parasitism the degree of adaptation varies greatly; it may approach symbiotic conditions on the one hand, or range to vanishing point on the other, by leading to the death of the organism that is invaded by a highly pathogenic animal or vegetable disease agent. There is no definite boundary between symbiosis and parasitism. The factors governing immunity from symbionts or parasites are essentially the same.

No final conclusions can as yet be reached regarding the function of symbionts in many invertebrate animals owing to our ignorance of the physiological processes in the associated organisms. The investigation of these problems is one fraught with difficulties which we must hope will be surmounted.

New knowledge is continually being acquired, and a glance into new and even recent publications shows that symbionts have been repeatedly seen and interpreted as mitochondria or chromidia. Thus, in *Aphis* the long-known pseudovitellus has been shown to contain symbiotic yeasts by Pierantoni and Sulç, independently and almost simultaneously (1910); Buchner (1914) has demonstrated symbiotic luminescent fungi in the previously well-studied pyrosomes, besides identifying (1921) as bacterial symbionts the mitochondria found by Strindberg (1913) in his work on the embryology of ants. The increasing number of infective diseases of animals and plants, moreover, which have been traced, especially of recent years, to apparently ultramicroscopic organisms, cannot but suggest that there may exist ultramicroscopic symbionts.

From the foregoing summary of what is known today of symbiosis we see that it is by no means so rare a phenomenon as was formerly supposed. Symbiosis occurs frequently among animals and plants, the symbionts (algae, fungi, bacteria) becoming in some cases permanent intracellular inhabitants of their hosts, and at times being transmitted from host to host hereditarily. Among parasites, non-pathogenic and pathogenic, we know of cases wherein hereditary transmission occurs from host to host.

It is evident that we are on the threshold of further discoveries, and that a wide field of fruitful research is open to those who enter upon it.

* Summary of an address delivered May 24, 1924, before the California Academy of Medicine by G. H. F. Nuttall, M. D., Quick Professor of Biology and Director of the Molteno Institute for Research in Parasitology, University of Cambridge, England.

MODESTO SCHOOL CHILDREN GIVEN HEALTH DIPLOMAS

The schools of Modesto have carried their health work among children a step further than we have been informed of for other places. They first make the diagnosis of symptoms and what they call diseases by the use of scales and measuring-rods. Then the diseased ones are placed upon the special food prescribed by a technician and the rules contained in "the celebrated Doctor William R. P. Emerson's health book" are prescribed. When the children are well again, according to the scales and "inspection," they are given a diploma.

Our attention has been called recently to some distressing conditions that have grown out of these formularizing mechanical methods of diagnosing and treating diseases. One doctor tells of a case of pernicious anemia that came to him only because the "rules" for diagnosis and formularized treatment failed. Careful examination of another little patient revealed almost too late a deep-seated abscess as the cause of so-called "undernutrition." Other doctors write of cases of chronic duodenal ulcer, amebiasis and malaria, revealed by competent examination among children with school diagnosis of "undernutrition." CALIFORNIA AND WESTERN MEDICINE proposes, in early numbers, to point out in detail some of the crimes perpetrated in the name of health upon our children in this state, and physicians are requested to supply us with more and more data. The names of your patients will not be used, but all other data will be published with or without your name, as you may indicate.

EDITORIALS

UTAH MEDICAL ASSOCIATION

This issue of CALIFORNIA AND WESTERN MEDICINE carries the story of the Annual Meeting of the Utah Medical Association. And a splendid meeting it was. Not only was an excellent scientific program carried out, but what is even of greater importance, the various committees rendered interesting reports, and the House of Delegates gave these reports, and all other organization problems placed before it, serious consideration.

It is encouraging to see medical organizations giving more and more serious consideration to the broad, underlying problems of medicine.

CALIFORNIA AND WESTERN MEDICINE wishes to endorse the plea made by J. U. Giesy, Associate Editor for Utah, that all county units, sections and committees supply us through the associate editor, or directly, with all medical news of the entire State.

SOME MEDICAL AND HEALTH MOVEMENTS

Movements in medicine and health were never before so numerous or so varied in their methods and purposes as at present. Some of these movements mean permanent progress; many more of them are of the regular "squirrel-in-the-cage" type. The squirrels whiz the cylinder until they are exhausted and then drop into oblivion.

By far the greater number of health movements are of the geyser type. They are generated quickly, spout up suddenly, scatter quite a lot of spray and quickly settle down, leaving the surface unruffled and serene. It takes quite some diagnostic experience to distinguish early between a geyser, squirrel-cage motion, and a movement that means progress. Probably the greatest fundamental mistake that the largest number of people are making is in accepting all movement as progress.

Another feature of this situation that makes our problems more difficult than were those of other days is the all but universal application of organizations. Nowadays every movement, and particularly the "geyser" and "squirrel" types, starts out with an organization behind it. If they can afford it, a press agent is the most active and essential part of the organization.

A comparatively few—and yet far too many—health movements are originated and supported by this or that group of physicians for this or that purpose. It is becoming quite the fashion for any physician or small group of physicians who may become aggrieved at some sin of omission or commission of their acid-tested organizations to start a new organization. Formerly vociferous minorities when they could not rule retired. Nowadays they round up some fellow-soreheads and try the new-fangled "bloc" system.

No one who studies the situation can fail to realize that physicians now have far too many organizations for any sort of effective work, and that the number of these organizations is increasing daily. They are National, State, and local in character and they cover almost every agency, specialty and group interest. Whatever else these multiple organizations with multiple purposes accomplish—and they accomplish plenty—they disperse the interests of physicians, and whether or not so intended they already seriously threaten mass action through our tested, tried and inclusive organizations, by the establishment of "blocs."

We ought to avoid the squirrel cage. This is not the occasion to picture the scores of ways we are splitting in medical and medical agency organizations and the inevitable slowing up of the indivisible whole consequent upon these schisms if we go on as we are now going. As a profession we ought to be big enough and unselfish enough to forego the pleasures of our own glittering squirrel cages when they endanger the rate of medical and health progress.

The vast majority of health movements are conceived and carried forward by others than educated physicians. They are of every conceivable class, with every conceivable purpose. The true purpose more often than not is concealed. In a very high percentage of these non-medical movements for medical purposes, the physician is usually permitted to be the squirrel. Too often he is criticized for not being sufficiently grateful for his privileges. When he is no longer useful, or when he does not whiz the cage fast enough, the door is opened and another squirrel is invited to enter. There are literally thousands of these organizations. One city is now—and again—trying to harmonize the efforts, finances and purposes of over 2000 in that one city.

There is not time here to go into an analysis of these groups, further than to call your attention to two of their most common characteristics: They claim that the practice of preventing disease is not the practice of medicine. This enables them to avoid the responsibilities of the medical practice act and enables them to do, or avoid, many other things not acceptable to the educated physician who employs his heart and soul in his work. Quite generally they try to restrict what constitutes the practice of medicine by enlarging their own fields of alleged usefulness. One group deny that they are practicing medicine because in their clinics or health centers they only "make diagnoses." Other groups limit their clinics, health centers and activities to the use of physical agents, diet, psychology, backbone punching, bought prayers, blue and red lights, and other heterogeneous agents in the treatment of disease. They do not need or require diagnosis and are, therefore, not practicing medicine, as they profess to understand the law.

Most of these movements and many, many others not even indicated here are simply *movements.* They do not affect the sum of human health advantageously; they are practically all temporary in character; they give occupation to heaps of honest but emotional and misguided persons and to heaps more who are neither emotional nor uncertain about where they are going.

WHEN THE DOCTOR COMPETES WITH HIMSELF

(Read, approved and ordered published by the Executive Committee of the C. M. A.)

Even in the old days when "free clinics" were not overly numerous and were usually operated as departments of great metropolitan hospitals, doctors frequently met some of their private patients in the clinics. If these patients were perfectly able to pay —as many of them were—the doctor was likely to be a little peevish. Sometimes the patients were decent enough to express a sense of shame over the situation, but a certain number of them took the attitude that they considered it a good joke to beat the doctor out of a merited fee.

The recent rapid expansion of so-called free clinics, health centers, and other agencies for the care of ambulatory patients has intensified the problem of to what extent a doctor should compete with himself in services rendered to the same patient in his office, on the one hand, and in a "free clinic" or one where the fees go to other purposes, on the other hand. Formerly, the inherent injustice and dangers of situations like this were fairly well controlled because the hospitals co-operated in some degree with the physicians who usually were members of the hospital staff.

During the last five years, these misnamed "free clinics" have grown in California, for example, from less than 100 to more than 1000, and it's a cold, rainy day when we don't add another. With this mushroom growth have come new problems, as well as the accentuation of old ones. The clinics now invade every cross-roads, and are under the control of a wide variety of interests, including national, Sheppard-Towner, state and local government bureaus, and welfare groups of every class. *Very few of the clinics are under medical control.* In many of them physicians are only tolerated, and in some they are not even a factor. Whenever they are invited, they usually give their services freely, and this is most often the only free thing about the clinics. Physicians do resent somewhat the expensive competition between these alleged free clinics—free alike to rich and poor—and those educated and licensed to treat the sick. But what they resent much more than this is the foolish competition between the various government bureaus and other non-medical agencies who operate clinics, and consequently between the clinics themselves. In order to "get business," many of them offer free alike to rich and poor the services of whatever group of doctors they invite to assist them. They go out and beat the bushes in efforts to get more and more business, and they play up the propaganda of fear of disease and utilize all the other methods that would appeal to the world of morons they say we are. *In some of the smaller communities in California there are more clinics than there are doctors.* Some of the doctors complain (confidentially) to their organizations that so much of their time is claimed *free* by this or that group of clinicers that they have not enough time for needed office visits and calls to such patients as the competing clinics with their *free service to all* and their bush-beating campaigns have left them.

These doctors feel that they would much rather give their time free to the poor in their offices and homes as they always have done. But they cannot well refuse to place their time at the disposition of those conducting clinics because of the possible effect upon them in the private practice of their profession. Some fine, educated physicians are giving up their practices because of the unfair competition of subsidized misnamed free clinics which in effect require the doctors to compete with themselves. A doctor who has been in active general practice for over thirty years in one of these smaller centers told the editor recently that he was planning to give up his work and buy a small farm. He is an educated physician who assisted a considerable percentage of the citizens of his community into the world, has taken care of them all their lives, and felt that they were his friends. He now finds that clinics and health centers, largely supported by taxation and private organizations, are taking care of many of his patients *who are better off financially than he is.* The things the clinics won't do, such as night calls, serious problems in homes, service on holidays, etc., are left to him. The principal clinic this man objects to is subsidized by tax money, carries advertisements in the local papers, extolling the superior virtues of the free clinics, has a flock of home-visiting promoters paid salaries from tax money, and more than half the patients ride to the clinic in automobiles. To add insult to injury, a small town tributary to this clinic criticizes the medical profession because their only "family doctor" has moved away and they cannot get another one.

Is this situation exceptional, you ask? Not a bit of it, except that this place has progressed further along the road than most of the smaller centers; and others not so small are traveling in California and to a less extent elsewhere. At the rate we are traveling on alleged roads to health in California, we could, in another five years, put a roof over the state and have plenty of "health experts" to operate it as a vast sanitarium.

WHEN A STATE PUTS THE STAMP OF APPROVAL UPON MIDWIVES

(Read, approved and ordered published by the Executive Committee of the C. M. A.)

There is no medical service which requires greater knowledge, more intense preparation for meeting emergencies, or which is so worrying, or soul, mental and body-trying to the intelligent physician as that of assisting the mother and baby during the trying period of childbirth.

After the student of medicine has spent two or more years in cultural college work; after he has spent four years in an undergraduate medical school doing dissection, laboratory work and study; after he has completed one or more years of internship in large hospitals, and has been then awarded his degree of doctor of medicine; and after he has spent one or more years of apprenticeship with some experienced physician, he is presumably prepared to practice medicine. He is prepared to do his safe best with a certain amount of poise and equanimity in most problems that are likely to confront him. The one service in which he still does not feel fully com-

petent to do all that may be required is that of obstetrics. Few physicians, however experienced, ever reach a point in self-confidence where they enter upon service at the trying hour of birth without a certain amount of worry.

Every childbirth is an emergency fraught with an exceedingly large variety of potential dangers to both mother and child. Most of these dangers are practically eliminated when the service is conducted by an educated physician, and particularly so when he is assisted by a competent nurse. Even under these favorable conditions, and even where the mother had had—as she always should have—the advice of the physician and her nurse during her 280 days of waiting, there are still hazards—several of them—which cannot be foreseen and which cannot always be handled successfully. To be sure, most of them are successfully met under favorable circumstances by skilled, intelligent physicians and the progress made in this field of medicine stands out as a shining light to the credit of scientific medicine.

In spite of these well known facts, some silly people still talk of childbirth as a natural and normal process. So it is in one sense; and so, too, is death. But when they claim, as many do, that because birth—and death—are normal processes, patients do not require skilled care, they, of course, are endorsing theories which they do not themselves practice. It is such murky, dangerous preachments and practices that are responsible for the retention of ignorant or inadequately educated midwives to serve our womenfolk and babies in the most difficult and trying hours for both.

It is the fear of the tongues and votes of these militant crusaders that makes state governments satisfy themselves by "licensing," and thus putting the state's approval upon this irresponsible, half-educated, benighted group of people who often do not know themselves how dangerous they are to the most precious elements of humanity. National government bureaus—one in particular that has invited and assumes great political responsibility for childbirth—is in no essential more far-seeing nor more enlightened in its actions than are most state and local governments. We are hearing particularly from this national government bureau much that constitutes criticism of the poor work of physicians in their services at childbirth. But just watch them as well as state governments put on the soft pedal and cover it with mush when they approach the midwife problem.

This national bureau with large funds—provided by your taxes—seconded by many states is forwarding a movement to "educate midwives." By education they mean a few "intensive courses" of a few weeks' duration. During these intensive courses, they may teach some of the midwives the dangers of dirt under the finger-nails, how to boil urine to see if it contains albumin, and how to charge and collect fees; but what little "education" these people absorb that is not completely neutralized by their "instincts" "superstitions," and "experience," will make them even more dangerous than they now are, because they will capitalize their "education," and their state endorsement (license) will mean even more than it now does.

Some 10 per cent of the births in California are now attended by these irresponsibles, and they are doing it under the state's endorsement. The lives that are sacrificed, and, what is even more important, the injuries to both mother and child that occur as a result of incompetence, no one can know.

If we are really serious about making safer and better childbirth available for all mothers and babies, why not strike at the root of one of the most dangerous angles of the problem by eliminating our licensed midwives and making it at least as uncomfortable for the unlicensed ones as we do for other law violators?

A series of articles will shortly be published in Better Health, telling many illuminating facts about midwives in many countries, and in California in particular.

PRESIDENT PUSEY'S ADDRESS

It is heartening to read the masterly address of William Allen Pusey as president of the American Medical Association, delivered at the Seventy-fifth Annual Session at Chicago, June, 1924. Our president handled several of the most important problems calling loudly to us for solution with thinner gloves than are customarily used upon such occasions.

He gives courage to those who at times grow weary and hesitant in battling for the right; and he makes us all happy with a feeling of security that our leadership is again for another year in safe hands.

Everyone should read his address carefully and study it. Many, of course, will not take the trouble to do so. For these and for the convenience of all, we submit herewith a few of the high lights particularly worthy of study:

"It is nevertheless true that medicine, as a part of the present social organization, is passing through a time of extraordinarily rapid change."

"If medicine is to steer a proper course over the changing social sea, even during the next generation, it must give wise consideration to the present trend of society. For the social organization, all observers agree, is undergoing an actual revolution. And medicine is going with it."

"And so the trend has been continuously from individualism to socialism. As the social problems have become more acute, this trend has been more rapid."

" 'During the last decade,' says Hadley, 'the United States has witnessed a movement in the direction of state socialism . . . very different in character from anything which occurred in the century preceding.' "

"How far this trend is going before it is checked, no one can prophesy; but it is clear that our civilization is committed to a sort of socialism, to the effect that the economically fit and competent shall take care of the weak and inefficient. It is an unconscious endeavor to set aside the law of natural selection and to counteract Nature's cruel but salutary process of eliminating the unfit."

"Medicine is, in fact, particularly exposed to the

dangers of socialization, because the projects of socialism that obtain the first acceptance are those that have to do with health and physical welfare. There is an evident tendency now to appropriate medicine in the social movement; to make the treatment of the sick a function of society as a whole; to take it away from the individual's responsibilities and to transfer it to the state; to turn it over to organized movements. If this movement should prevail to its logical limits, medicine would cease to be a liberal profession and would degenerate into a guild of dependent employes."

"There is another side to this picture. There are influences which will in time, probably, first check the socialistic trend and then cause a reaction. Probably this will come only after sad experience and at high cost; but society gets on only with such penalties."

"In the first place, the effects of a natural law, such as that of the survival of the fittest, cannot be greatly modified nor long set aside by the puny efforts of man. In the next place, the machinery for all these socialistic and paternalistic enterprises will in time become so large and unwieldy that it will be impractical and fall to pieces."

"When, in addition to the ordinary machinery of government, we add the new machinery for running the mines and the railroads and the telegraph and the telephone and the wireless, for the regulation of capital and industry, for the stabilization of industry, for employment insurance and health insurance, for old age pensions, for socialized recreations and socialized neighborliness, for socialized health education and programs—when on top of these you pile the organizations for keeping the people from using opium and cocain and alcohol and doing other things that are not good for them, for enforcing all sorts of laws that prohibit some of the population from doing things that another part thinks are wicked, for socialized nursing and medical care, for taking over obstetrics, child welfare and venereal diseases, for the care of the injured, crippled, and defective—when these activities, nearly all of them temporarily good in themselves, have developed to a certain point, the burden will become too great. The men taken from productive occupation and private enterprise that will be required to man them will be such a large proportion of the population that, sooner or later, the social fabric will give way. There will not be enough of the population left for production to take care of the administrators; and a reaction, if not a crash, will come."

"This is no imaginary situation. Attention is constantly being called to it. In view of his wise statesmanship, it is not surprising, but it is a reason for encouragement, that President Coolidge has opposed this trend in his definite stand against federal support of such activities."

"Society is usually saved from its own carelessness—except when a cataclysm occurs—by the persistence of a minority element which, through character, intelligence and force is able ultimately to exercise a controlling hand in the direction of affairs. If civilization is to be saved from the effects of a socialized mediocrity, it will be by the presence in the community of this influential minority."

"How shall we in medicine oppose this destructive social trend? By making ourselves, in the first place, a part of the enlightened minority that is the salvation of democratic government—by being alert to the socialistic dangers to medicine and by aggressively opposing them; by opposing, as vigorously as can be done, the various governmental projects for practicing medicine, and the efforts of organizations, public and private, including medical schools and hospitals, to go into the practice of medicine as a business."

"If we accept without prudent foresight expedients to meet temporary difficulties, such as the Sheppard-Towner Act, medical service will soon be in the same situation as elsewhere in this country. It is not for the good of the people of the country that they should be spoon-fed in the matter of taking care of their physical ills any more than in any other matter in which they should take care of themselves."

"But, after all is said about the other problems and responsibilities of medicine, the greatest of these is the old homely one of treating men that are sick and injured. We hear so much now about preventive medicine, about medicine's new social responsibilities, that this old responsibility is failing to stand out in proper proportions."

"Prevention is an important function of medicine, and will doubtless become more so; but it is altogether likely that it will never be its chief function."

"We would like to see the day when physicians were not needed, but it can be confidently predicted that no such happy day will ever come. Sickness and injury will inevitably remain part of the lot of man."

"Carry our discoveries to the utmost limit, man is still a machine that will get out of order, will be injured and will ultimately wear out. As long as that is true, there will be need for the personal physician to take care of the individual patient."

SYMBIOTIC LIFE

A brief abstract of Doctor G. H. F. Nuttall's recent valuable address before the California Academy of Medicine is published elsewhere in this issue.

What a pity that so comparatively few physicians were able to hear the discussion of one of the most important subjects in biology and medicine by a most distinguished colleague. In the very nature of things, it is and always will be impossible for more than a comparatively few of those interested to hear any address. Then there is that large group of serious students who prefer always to read rather than hear communications on worthwhile subjects.

Many physicians feel the need of more lectures upon medical subjects by selected and invited speakers whose messages are promptly published in our own journals and thus made available to thousands of readers in our territory. This is being done in many places by special organizations of physicians alone or by associations of physicians and other citizens interested in the broader phases of medicine and private and public health. A splendid opportunity is before

such organizations as the Academies of Medicine in San Francisco, Los Angeles, or the medical societies of cities to arrange for occasional addresses by specially invited distinguished students in such a way that many physicians and medical students could hear these scientific messages, and others could read them in early numbers of CALIFORNIA AND WESTERN MEDICINE. Then by co-operative arrangements with important civic organizations like Commonwealth Clubs, Women's Clubs and similar bodies, arrangements could be made for more popular addresses by the same speakers that would be broadcasted by the public press. Any physician can think of scores of subjects and scores of speakers for them, that if handled in the way we have suggested, and as they are being handled in some centers, would do an immense amount of good in our communities.

Doctor Nuttall's address was upon one of the most fundamental and important subjects in biology, physiology or pathology. It has angles of interest to everyone, from the school child to the most ultra scientist. Doctor Nuttall has been universally recognized as one of the leaders in the development of the problem for many years. Few of us realize how interested we should be in what is known about symbiosis, particularly zoologic symbiosis and its application in promoting health and understanding disease until we have had our attention called to it.

We not infrequently think about commensalism on the one hand and parasitism on the other hand, but we are less inclined to follow the mazes of that insufficiently explored field between the two which is usually included under the term symbiosis. Yet, there is no more essential type of knowledge, if we are to understand and estimate the processes of normal and abnormal functioning of the animal body.

The influences of environments in forming and breaking down the scores of symbiotic balances that are parts of our being and the results of these combinations contain the very essence of both physiology and pathology. No one yet knows for certain whether or not many so-called commensals are, actually and intrinsically, harmless, or whether they are held in bounds by symbiotic attachments. No one knows whether or not commensalism can be built up through symbiotic cycles formed largely by environmental influences to positions of true parasitism. We do not yet know how to distinguish between consummative and destructive symbiotic attachments, and we know far too little about the environmental influences which tend to sustain the constructive and harmless symbiotic links or those which tend to neutralize or destroy harmful symbiotic arrangements. We do not know the difference between a symbiotic arrangement by affinity, as it were, and one that actually is in effect an armed neutrality between parasites and hosts.

We say glibly enough that if the human race could be once freed from tuberculosis, our problem would be forever solved. Would it? Nature undoubtedly once built up a saprophytic pseudo-tubercle bacillus through symbiotic cycles, molded by environment into a true parasite. Might not it happen again? Indeed, have we any real proof that this very thing is not continuously going on not only with this, but with other vegetable germs and animal parasites? We have not.

But if this is to be an editorial and not an address, we have said enough. Students who care to explore the field will find it without an equal in interest and importance. And the beauty of the study of symbiotic life is that it not only broadens the intelligence of the biologist and the pathologist, but it bears closely upon the interpretation of the phenomena of life in health and disease and helps the physician materially in the diagnosis and intelligent treatment of disease.

Doctor, you should have heard Doctor Nuttall. I did not this time, but he aroused my interest in his subject over twenty years ago.

CONGRESS, THE DOCTOR

Without a dissenting vote, the House of Delegates of the American Medical Association adopted a resolution calling on the Board of Trustees to use its best endeavors to have repealed such sections of the national prohibition act as may interfere with the proper relation between the physician and his patient in prescribing alcohol medicinally. The resolution has been greeted by the press of the country with general approval. Most of the Chicago newspapers have already expressed themselves editorially, and the following statements represent their general attitude:

Physicians who object to the provisions of the Volstead Act regulating the use of alcohol in the practice of medicine are unanswerable. If the law allows a physician to prescribe spirits for a patient, as it does, the dosage is entirely a matter for the physician's judgment and not for Congress to prescribe.

The law adopts a principle which makes Congress the doctor. The arbitrary dictum is that a patient may be given a pint of whisky every ten days as medicine, but no more, regardless of the opinion of the doctor in the case.

Congress might have declared that whisky had no medicinal value. Some physicians hold that it has no peculiar medicinal value. Others contend that it has. In practice they can follow their own opinions. They will all agree that if it has value the doctor who prescribes it at his own discretion should have discretion as to the amount.

Congress went on the assumption that the medical profession would misuse the prescription blanks. The drys decided that the person who violated the intent of the law and got whisky as a beverage because it was legalized as a medicine should have just as little satisfaction out of it as possible Of course, they did not reach the man they intended to reach. The unscrupulous physician has no difficulty with this limitation. He has many expedients by which it can be avoided. The scrupulous physician finds that his practice is controlled by a law which affronts both his intelligence and his honesty.

It is an absurd theory that Congress may substitute itself for the physician in the treatment of disease, and it is no wonder that many physicians resent such an ignorant and dictatorial interference with medical practice.—Chicago Tribune.

The Eighteenth Amendment is directed solely against the use of liquor as a beverage, and whether the medical clauses of the Volstead law are valid is a question not yet dealt with by the Federal Supreme Court.

Some physicians, it is true, yield to the temptation to prescribe liquor where it is unnecessary, and not a few have permitted themselves to become bootleggers in disguise. But Volsteadism, with its sequels and supplements, has not prevented unscrupulous abuses and never will entirely prevent them. The medical

profession should purge itself of immoral and dishonorable elements, and its efforts in that direction would be stimulated by a congressional policy of confidence toward it. The honorable physician is hampered by Volsteadism, while the charlatan is not even inconvenienced.

The modification of the prohibition statutes demanded by the medical profession would not obstruct proper enforcement of national prohibition. On the contrary, it would tend to facilitate enforcement.—Chicago News.

It has long been recognized that legislation is just as likely to follow public emotion as it is to be guided by scientific knowledge. This fact was excellently expressed by Chief Justice Oliver Wendell Holmes in "The Common Law," when he said:

The life of the law has not been logic; it has been experience. The felt necessities of the time, the prevalent moral and political theories; institutions of public policy, even the prejudices which judges share with their fellow men, have had a good deal more to do than the syllogism in determining the rule by which men should be governed.

The action of the House of Delegates and the general approval given to it by the public as expressed through the press are indications of a healthful reaction against enactments and regulations which have recognized, in their formulation, popular prejudice rather than scientific fact.—Jour. A. M. A.

PHYSICIANS AND HEALTH EDUCATION

Many physicians, hospitals and other medical agencies sometimes must disagree strongly with Haven Emerson. We have had to disagree with him and criticize his perfunctory and unfair comments and recommendations about the physicians and medical health agencies of San Francisco. In this, and several issues to come, that criticism will be continued. Just the same, we also want to commend when possible.

In a recent article, "The Nation's Health," Emerson made many strong statements about "health education" that will have the unqualified endorsement of physicians everywhere. It is true that similar statements have been made frequently by others and the position taken has been the oft-repeated position taken by physicians of California. He says in part:

If I were to sum up what I believe to be the chief contributions of the physician in the care of children of school age, I would say it is honesty and accuracy. Lacking those two things, our whole school health program becomes a farce.

People need to be taught individually how to keep well, because there are a great variety of ways of being healthy. There is no **one** way of being healthy. There is no **one** kind of diet or exercise or medicine for health which is effective or perfect for all people. There is general agreement as to certain elementary principles, but health is in part a matter of personal attainment and not merely the result of general dispensation. A background of many human lives provides the physician with balanced judgment.

We have gone far in these last few years of our experience in nutrition. **It was not many years ago when we felt that the scales and measuring tape were conclusive.**

There are rarely made in the United States, anywhere, complete, accurate, honest, thorough medical examinations of the school child. We have a multitude of school inspections. We have a great number of records of inspections, "once over above the collar." We have developed infinite ingenuity in searching for the **pediculus capita.** Our examinations rarely reveal the nervous reflexes and the capacity of a child to tolerate a variety of helter-skelter diet thrown in at home or abroad. We are constantly accepting, in place of a medical examination with accurate record, the superficial glimpse of the child above the neck.

But how can a doctor responsible for 9000 school children give a thorough examination to each? That kind of man would make more blunders in five minutes than could be cured in a lifetime. You are permitting your childhood to be handled just that way. Honesty, accuracy, and thoroughness must enter the examination of the child. You are not examining a dry goods stand.

The physician must become the director of research in health and its attainment. That is another of his contributions. He should be the person who knows the relative value of lines of study which must be generally prosecuted by the teacher or nurse. **The physician is a practitioner of medicine, and may I say that perhaps the greatest contribution that can be made to the health of the school would be to have every practitioner of medicine make himself personally responsible for the detection and removal of defects of all the children in families which come under his private care? Until that is done, we are not going to handle our project.** As the practitioner of medicine, the physician's greatest contribution is truly the direction of the health of children in families to which he is called.

There are a great many persons who have faith that they can treat disease, but there is only one group of persons in the community who are educated to detect disease and to distinguish between it and health, and they are the physicians.

I do not deny that hygiene can be taught, and taught accurately, by persons who are not physicians; but I believe that a greater depth of understanding and a greater fullness of experience by the teachers of hygiene are to be demanded in the future, and these will come chiefly through medical training and personal knowledge.

SIGNS OF THE TIMES

The attention of our readers has been frequently called to a well organized, well promoted movement to place the control of the health, hygiene and other phases of the practice of medicine among school children, as well as those young persons offensively termed pre-school children, under the control of the public school authorities. Such attempts have been and now are being fought out in state legislatures, and in county and municipal bodies. The national movement is well expressed in the bills before Congress.

One phase of the situation is shown in the following letter from Miss Daisy Hetherington, director of physical education of the San Francisco schools, to Dr. Langley Porter, and Dr. Porter's reply.

April 4, 1924.

My dear Dr. Porter:

It is being suggested all over the country that promotion in school be based upon health standards as well as academic.

I take it, all sane people would agree that this would be a wise procedure if it is a possible one at the present time.

Have we sufficiently definite standards so that this can be justly done? **What are they?** Who shall decide—physician, nurse, teacher?

Should the decision be based on the combined judgments of all?

I shall appreciate your reactions to these questions.

Very cordially yours,
D. A. HETHERINGTON,
Director of Health Education.

April 11, 1924.

Miss Daisy A. Hetherington,
Sharon Building,
55 Montgomery Street,
San Francisco.

My dear Miss Hetherington:

It seems to me that a child whose health

standards are not up to normal should not be a candidate for promotion and should not be following an ordinary school routine. There should be open air schools or special schools to meet the particular needs of such children.

It is my opinion that we have sufficiently definite standards to segregate children of normal health from those of abnormal health. These standards are all known to physicians, and their application should undoubtedly be made by physicians. School nurses also should be sufficiently instructed to be able to bring children who are not up to normal in health to the physician for examination. The teacher's part, it seems to me, should be to note very carefully any children who depart from the normal in matters of posture, attention, emotional stability, and ability to learn, and such physical matters as apparent diminution of vision and of hearing. She should see that not only the parents of these children are informed of her observations in the matter, but she should co-operate with the school nurse to be certain that these defects are brought to the attention of the school physician and of the special physician of the child's family.

Yours faithfully,
LANGLEY PORTER, M. D.

So much publicity has been so easily attained and the public has so thoroughly swallowed the formularization of diagnosis of disease by mechanical "standards" that some enthusiasts appear to believe that given a few more "standards" and a few more formulae and teachers and nurses can make important diagnosis regarding health that are to be determinative for the child's future.

Most physicians—but not all, by any means—believe in the advisability of a certain amount of "health education" when the instruction is given by teachers who know what they are talking about. Perhaps even a larger percentage of physicians believe that the essential health teaching should largely consist, as President Wilbur has said repeatedly, in instruction in the basic biological sciences rather than the more difficult subjects of the morbid changes and manifestations of disease. Practically all physicians believe that whatever is taught should have the sanction of competent medical authority and the instructors must be well grounded in the fundamental biological sciences, and in an understanding of the changes produced by disease.

We have yet to meet the first physician who endorses the idea that teachers, nurses or any one else not fully educated in medicine—including prevention and treatment of physical and mental diseases—should make diagnosis or treat sick persons or even render the far more difficult service of advising persons as to the best methods to employ to limit and delay the development of disease.

This is not criticism of either nurses or teachers who are engaged in developing their own very worthy and much beloved callings. But they have no more business trying to teach or practice medicine in any guise, as is being so extensively done now, than they have law, engineering or any other learned profession.

Nor is this criticism based upon the selfish interests of physicians. The more extensively the proposed type of medicine and public health and education is practiced, the more physicians will be called upon to do.

If the future welfare of our children is the real object of better health service, why not appoint a council of representatives of the California Medical Association, the official public health bodies and the official educational authorities and let them work out the problem of what is to be taught, whom by, at whose expense and any other pertinent phase of the problem?

There is a definite valuable something that is not being done, or what is worse, being badly done. Why not get all legitimate interests together and solve the problem?

CONGENITAL SYPHILIS AND "MALNUTRITION"

Nearly 1100 children were officially reported to the New York Health Board during 1922 as suffering from congenital syphilis. One hundred and eighty-two of them died. Conservative physicians believe that less than 1 per cent of syphilitics are reported to health authorities anywhere. It is, therefore, conservative to state that New York has many thousands of syphilitic children, and that a similar proportion of the population in other urban centers are so diseased.

Of course, all of them are suffering from so-called "malnutrition," and thousands of them have been so diagnosed by technicians working with scales, measuring-rods, and by "inspections." Not only this, but they are being treated by "diets" prescribed by alleged nutrition experts. In too many instances such incompetent, if not criminal procedures, are carried out until the serious disease has definitely and permanently injured the child or even caused death.

Physicians are beginning to discuss among themselves specific instances of situations like these. Then, too, there are other diseases—several of them—in children whose technician-prepared diagnosis is "malnutrition" or "undernutrition," and whose technician-prescribed treatment is "diet." For example, a child with a diagnosis of undernutrition and who was being treated by diet, fell into the hands of a physician who found an enlarged spleen and malarial parasites in the blood.

DOCTORS AS HEALTH WORKERS

"In all lands doctors are an essential part of the public health movement," says George E. Vincent in the 1923 report of the Rockefeller Foundation. They report births, causes of death, and cases of communicable disease. Upon them depends the introduction of new resources of diagnosis and treatment; for good or ill they educate their patients; they influence public opinion for or against preventive policies. *No health service can prosper permanently unless it can command the loyal support of competent, local practicing physicians.* The presence of physicians, poorly trained or with no interest in preventive medicine, or of representatives of various occult, empirical, or fraudulent cults is a serious handicap to sane and effective sanitation and hygiene in a city, town, or countryside."

We commend particularly the italicized part of Mr. Vincent's wise statement to the serious attention of the public health officers in certain places in California.

Medicine in the Public Press

Making Them Normal—The Bakersfield Californian says editorially: Eighteen schools of Providence, R. I., have entered a contest in bringing underweight pupils up to normal. The progress of each school is indicated by a device showing a miniature racetrack. Each school is represented by a tiny automobile, which moves forward to correspond with the relative percentage of the pupils who have gained weight. The Providence Co-operative Nutrition Bureau is conducting the contest. This is an excellent plan, not only because of the immediate beneficial results among the underweight pupils but also because of the interest it creates in school affairs and the knowledge of physical self-care which comes to the child during such a campaign. California and Kern County children are carefully inspected in this regard, and it is likely that such early care of the future manhood and womanhood of the country is among the important factors causing the decrease in death rate.

Make your own comment.

The world is experiencing today an extraordinary uprush of superstition. Like our primitive ancestors, we have our medicine men and our magicians; and we are eager to believe in effects without examining causes, and in achievements without inspecting the mechanisms to attain them. The subway newsstands are littered with a bastard crew of magazines ballyhooing short-cuts to brain-power, will-power, thought-power, or personality-plus. A provincial French apothecary sweeps to fame by telling the lame and the halt to mumble a specific incantation and be cured. Masses of credulous people look to glandular treatments and to psychoanalysis as our forebears did to the rituals and spells of their witch-doctors. Like tribes of savages, tormented by drought or deluge, famine or pestilence, we turn anywhere and everywhere to be rescued. Pseudo-scientific jargon is the descendant of priestly patter, and we prefer its glitter to the toilsome unadorned methods of genuine science and pure reason.—Irwin Edman.

Law and Manners—"There are three great domains of human action," said Lord Moulton (The Atlantic Monthly) in a remarkable, thought-provoking address. "First comes the domain of positive law, where our actions are prescribed by laws binding upon us which must be obeyed. Next comes the domain of free choice, which includes all those actions as to which we claim and enjoy complete freedom. But between these two there is a third large and important domain in which there rules neither positive law nor absolute freedom. In that domain there is no law which inexorably determines our course of action, and yet we feel that we are not free to choose as we would. The degree of this sense of a lack of complete freedom in this domain varies in every case. It grades from a consciousness of a duty nearly as strong as positive law, to a feeling that the matter is all but a question of personal choice. Some might wish to parcel out this domain into separate countries, calling one, for instance, the domain of duty, another the domain of public spirit, another the domain of good form; but I prefer to look at it as all one domain, for it has one and the same characteristic throughout—it is the domain of obedience to the unenforceable. The obedience is the obedience of a man to that which he cannot be forced to obey. He is the enforcer of the law upon himself.

Thus there was wisely provided the intermediate domain which, so far as positive law is concerned, is a land of freedom of action, but in which the individual should feel that he was not wholly free. This country which lies between law and free choice I always think of as the domain of manners. To me, manners in this broad sense signifies the doing that which you should do although you are not obliged to do it. I do not wish to call it duty, for that is too narrow to describe it, nor would I call it morals for the same reason. It might include body, but it extends beyond them. It covers all cases of right doing where there is no one to make you do it but yourself.

The dangers that threaten the maintenance of the domain of manners arise from its situation between the region of absolute choice and the region of positive law. There are countless supporters of the movements to enlarge the sphere of positive law. In many countries—especially in the younger nations—there is a tendency to make laws to regulate everything. On the other hand, there is a growing tendency to treat matters that are not regulated by positive law as being matters of absolute choice. Both these movements are encroachments on the middle land, and to my mind the real greatness of a nation, its true civilization, is measured by the extent of this land of obedience to the unenforceable.

When a Bad Child Is Not Bad—"If the small son and heir has a bad fit of temper, the thing to do with him in this modern day and age is not to administer a severe chastisement, but to send him to the 'habit clinic.' He's not naughty, he's a patient," says the San Francisco Daily News, editorially.

"This is the latest development of freedom of action and self-determination in America as interpreted by the United States Department of Labor, Children's Bureau.

"Children who won't eat, children who scream when they are reproved, shy children and bossy children, children who lie and steal are taken to the clinic as 'patients,' are diagnosed, and treated for their bad habits.

"The most frequent cases, in the order named, have related to feeding problems, temper, tantrums, pugnacity and shyness, problems of sex life, neurosis, destructiveness, delinquency, and acute personality changes.

"During the past year Doctor Thom's clinics (in Boston) treated 160 children. He reports that only nineteen showed no evidence of improvement."

How the Mind Causes and Cures Disease—"Outside of surgical cases, contagious diseases, and accidents, nine-tenths of the people who come to a doctor are suffering from functional disturbances which usually have a mental origin and can be cured by mental methods," says Dr. William S. Sadler (American Magazine). The editor thought enough of the following statement of the doctor to place it in a box at the head of the article:

"The mind," says Doctor Sadler, "can cause the sensation of pain and mind can relieve pain. This has been proved by injecting distilled water into the arm of a suffering patient. He thought it was morphine—and the pain was promptly relieved. This experiment has been made many times with complete success. In one case, I did this when the patient, a young woman, was begging for morphine. Two minutes after I had injected plain boiled water into her arm she was sleeping peacefully."

Physicians should read this article. It will probably be read by some hundreds of thousands of people. You are likely to get the reaction from your patients and from your children who are taking the "health education" courses in the public schools. The article will attract considerable attention because the doctor is an educated, regular physician. Without in any way questioning the author's good intentions, we believe the result of articles of this kind is harmful rather than beneficial to the cause of better health.

Profit in Babies—It is not likely that you ever heard of a firm profiteering out of investment in babies, but

the H. K. Ferguson Co., one of Cleveland's largest factory construction companies, does it.

In 1913 the Ferguson Co. put on its payroll these items:

Single babies—$50.

Twins—$100.

Brides and bridegrooms—$100.

Since that date the company has sent out checks for thirty weddings and over 100 babies, and Mr. Ferguson figures out a profit. "People are happier when married and doubly happy with children," he says, "and the most surprising thing is the way it works back to me. My people are showing more interest in their work."

Queer idea, isn't it? When your workman is happy with babies, he does better work Some of the labor-crushing gangs that run Chambers of Commerce ought to study it.—Editorial, San Francisco Daily News.

Cult Father Yields: Daughter on Mend—"Acceding to demands of the city health department that he permit his ill daughter to be treated by a physician, E. T. Taux, follower of a Hindu cult, avoided arrest today, and the girl, Tessie, aged 8, is expected to recover," say various newspapers. "The child is suffering from diphtheria, and the father would not allow an anti-toxin to be administered. Instead, he gave her cold water baths every half hour."

Blackmailing Schemes—The alleged blackmailing scheme against doctors recently given prominence in the public press is only one of several such schemes now more prevalent than usual. Most of these schemes are worked by a man and a woman working together. The woman—usually an attractive one—gets the "evidence" and the man makes the demand for hush money.

It is to the credit of the medical profession that they don't succeed more often than they do.

Doctors Are Needed—Medicine Outlook Is Bright—Under these headlines, a writer in the San Francisco Daily News discusses this subject in such a brief and remarkably clear and interesting manner that the article is reproduced.

"Never was the outlook for the young man better in medicine than it is today provided he is well prepared, never was the outlook worse if he is not well prepared. The young man who enters medicine today has made a great sacrifice to secure his diploma and his right to practice.

"He will have completed a high school training, at least two years in a university, four years in a well-recognized medical school and an internship of at least a year in a well-equipped general hospital.

"Furthermore he will have passed a licensing examination given by the State in which he practices. This will represent not only the actual cost of securing the education, which may be estimated at approximately $600 to $1000 per year for seven years, but also the sacrifice of the money that he might have made during that period.

"When the young man completes his internship there are, however, many careers open to him. Formerly the one career open to the graduate in medicine was the practice of general medicine.

"Today he may enter the field of medical research, he may elect to teach in one of the universities or medical schools, he may choose to enter the field of public health as an officer of the United States Public Health Service or secure some municipal, county or State position. He may take one of the openings in the army or navy medical service, he may choose to devote himself to industrial medicine as the employe of some of the great and far-sighted corporations which have seen the necessity for proper health protection of their employes. He may become a general practitioner, serving a great number of people in the capacity of ministering to their ills and advising them as well in the social problems of their lives, or he may continue his studies sufficiently long in a well established graded school for post-graduate medicine, to become a specialist in some of the special branches of medical science.

"From the time he sets himself up in general practice, or assumes some of the fixed positions mentioned, the physician may count on at least a living income. Many of the more energetic and successful men will earn, after the first year or so, incomes with a net return of $5000 to $8000 per year. The earnings of the successful specialist five to ten years after completing his training may approximate $10,000 or $50,000 per year. Many a successful general practitioner, away from the largest cities, may also reach these higher incomes.

"Nevertheless, the advice given to the young physician in the past will do for today. The young man who enters medicine with the hope of quick and large financial return is likely to be disappointed. The man who enters with the spirit of keeping abreast of the progress of medical science and rendering whole-hearted service to his community, is likely to reap a greater reward, not only in terms of dollars, but also in the respect and honor of his colleagues and of the community."

The Heart in Arthritis Deformans—In a series of eighty patients with chronic multiple arthritis examined by Ernst P. Boas and Philip Rifkin, New York (Journal A. M. A.), clear-cut infectious valvular disease was found in 17.5 per cent of all the cases, in 28 per cent of those patients in whom the disease started when they were under the age of forty, and in no person who was over forty at the commencement of his illness. The average age of these patients at the onset of their arthritis was twenty-eight years. Only thirty-four patients had normal hearts. There were three cases each of mitral insufficiency with cardiac hypertrophy, mitral stenosis and insufficiency, aortic and mitral insufficiency, and pericarditis with mitral insufficiency; one case each of aortic insufficiency and of aortic insufficiency with mitral stenosis and insufficiency. The frequency of arteriosclerotic heart disease and of cardiac enlargement in the older age groups is greater than one would expect to find in a control series. Twenty-six per cent of all cases, and 63 per cent of those patients who were over forty when the arthritis began gave evidence of this type of cardiopathy. The average age of these patients at the onset of their illness was 54.5 years. Hypertension was infrequent in this series, and in no case was it well marked. There were no systolic pressures over 180 mm. of mercury. It appears from this study that no particular form of chronic arthritis is constantly associated with a particular type of cardiac defect, and that, therefore, the cases cannot be grouped into different forms of chronic multiple arthritis, with corresponding cardiac defects. It is true that those patients in whom the onset of the illness was acute or subacute more frequently exhibited infectious valvular disease. However, these patients, on the average, were considerably younger than those in whom the onset was insidious. The average age at the onset of the arthritis of those with infectious valvular disease was twenty-eight years, and of those with arteriosclerotic cardiopathies, 54.5 years. The cause for the great frequency of arteriosclerotic lesions in the hearts of older patients with chronic multiple arthritis remains obscure. It is the rule for the heart disease to pursue a symptomless course in these patients. Indeed, in spite of the advanced nature of the valvular lesion, the patient is usually unaware that he has a cardiac defect. This is undoubtedly due to the fact that the enforced rest imposed on the patient by his joint disease spares the heart, by eliminating the necessity for the circulatory responses and adjustments that are ordinarily called forth by even moderate physical exertion. These observations give added support to the theory that chronic multiple arthritis (arthritis deformans) is caused by an infectious agent.

California Medical Association

MINUTES OF THE SECTION ON TECHNICAL SPECIALTIES

Ray Lyman Wilbur, M. D., Chairman
John C. Wilson, Secretary

Held in conjunction with the annual session of the C. M. A., in Los Angeles, May 14, 1924.

At a meeting of this section, Ray Lyman Wilbur, of San Francisco, was re-elected chairman, and John C. Wilson, of Los Angeles, secretary of the section for the ensuing year.

The California Association of Physiotherapists

Hazel E. Furscott, President
Hilda C. Rodway, Secretary

As a member of the Technical Specialty Section of the California Medical Association, this organization held its annual meeting on May 14.

Election of officers: Miss Susan Roen, 2422 Palm Drive, Los Angeles, was elected president; Miss Doris I. Neel, 603 North Hobart Boulevard, Los Angeles, vice-president; Mrs. Aline Brummelkamp, 808 Central Building, Pasadena, secretary and treasurer; Miss Hazel Furscott, Miss Catherine Wright, Miss Antoinet, and Miss Sarah Davis were elected members of the executive committee.

The minutes of the last annual meeting as well as the treasurer's report were read and accepted.

Two amendments to the Constitution were proposed and adopted, one to raise the standard of admittance into the Association, and the other to elect a president-elect for the next year.

During the convention, clinics were held at the Children's Hospital and the Orthopaedic Hospital, both of these proving very interesting and helpful.

Our president, Miss Hazel Furscott, opened the business meeting with the following address:

"The California Association of Physiotherapists is about to begin its fourth year. If in the future we make as many strides as we have in the past three years, I think that we may expect an organization that will give to its members a real service. There is no one here today who does not realize the fact that physiotherapy is an indispensable adjunct to all medicine—there are perhaps some in this group who overestimate its worth and consider it the panacea of all ills. Outside this group there are many who do not value it at all because they are entirely ignorant of properly administered physiotherapy. This organization should in its formative years look to neither right nor left. Its single goal should be the education of the medical world and its own members to what is sound rational physiotherapy. When it has accomplished this, it will be serving its members as a professional organization.

"It is very gratifying to look back over the past few years and realize that a meeting such as this one today could not have been possible less than four years ago. It is such meetings, as well as our local meetings and clinics, our effort to establish libraries and the mere fact of our becoming acquainted with each other that are helping to attain highly desirable results.

"In my opinion the greatest accomplishment of the year 1923-24 is the organization of the Los Angeles group of physiotherapists. The year presented many interesting programs in San Francisco, with such speakers as Doctors Markel, Ely, Wolfsohn, Simmon, Best and Musgrave and many in the South as well.

"A glance at today's program justifies the interesting observation that physiotherapy belongs to all medicine. It is, indeed, with a happy outlook that we can start the new year."

California Association of Medical Social Workers

Josephine Abraham, President
Sophie Mersing, Secretary

The annual meeting of the California Association of Medical Social Workers was held at the Biltmore Hotel, Los Angeles, Tuesday, May 13, 1924, as a section of the Technical Specialties Section of the California Medical Association. In the absence of the president, Mrs. Sophie H. Mersing, secretary and treasurer, presided.

The reports of both the president and secretary were read and applauded.

Dr. H. A. Stephenson, San Francisco, read Dr. Armstrong Taylor's paper entitled, "Influence of Medical Social Work on Obstetrics," which was discussed by Doctor Emge, of San Francisco.

Following a few introductory remarks on hospital social service as conducted by the Stanford clinics and San Francisco Maternity Auxiliary, Miss N. Florence Cummings presented a very interesting motion picture, "The Watchful Eye," which depicted New York hospital social service and convalescent work.

Dr. Sydney Smith, of Berkeley, gave an interesting informal talk on psychiatric social service and mental hygiene work as performed in Oakland hospitals and clinics. The social worker should be in close contact with the psychiatrist. Dr. Rogers, of Long Beach, added a few remarks and emphasized the importance of psychiatric work.

Dr. Percy Magan, of Los Angeles, presented a splendid paper entitled, "The History and Progress of Medical Social Service."

Dr. J. B. Cutter, San Francisco, discussed this paper, laying particular emphasis on home visiting. He stated that most dispensaries are makeshifts at best. The real help must be done in the home, built up from the bottom. The medical social worker is needed to reach the fundamental and vital stone. Doctor Cutter congratulated the chairman and her co-workers on the quality of the program and praised the type of work done by medical social workers.

No business meeting was held as no nominating committee had been named by the president. At the close of the session an invitation was extended to all present to attend a round table luncheon on the following day. There being no further business the meeting adjourned.

MINUTES OF THE MEETING OF THE RADIOLOGICAL SECTION OF THE CALIFORNIA MEDICAL ASSOCIATION

Held at the Biltmore Hotel, Los Angeles.
Monday, May 12, 1924, 2 p. m.

Meeting called to order by Secretary Dr. R. G. Taylor, Los Angeles. It was moved, seconded and carried that in the absence of the chairman, the secretary act as chairman. Doctor Taylor took the chair and the following program was presented:

X-ray of the urinary tract, with report of a case of congenital unilateral kidney. Francis B. Sheldon, M. D. Discussed by Doctors Heylmun, Hartman and Sheldon.

Secondary pulmonary hypertrophic osteoarthropathy associated with metastatic sarcoma of the lungs. Lloyd Bryan, M. D. Discussed by Doctors Ullman, Rodenbaugh, Heylmun and Bryan.

Metastatic carcinoma involving the abdominal, mediastinal and supraclavicular glands treated by X-rays. Well after one and one-half years. Henry J. Ullman, M. D. Discussed by Doctors Chamberlain, Rodenbaugh, Bryan, Ullman.

Tuesday, May 13, 1924, 2 p. m.

Simultaneous stereoscopic examination of the two mastoids. James B. Bullitt, M. D. Discussed by Doctors Bryan, Ullman and Bullitt.

Calibration of Roentgen therapy machines in California. W. Edward Chamberlain, M. D. Discussed by Doctors Rodenbaugh, Behne, Ullman and Chamberlain.

Radiotherapy in benign lesions of the uterus. Fred-

erick H. Rodenbaugh, M. D. Discussed by Doctors Bullitt, Behne, Sargent, Costolow, Ullman and Rodenbaugh.

X-ray diagnosis of disease of the nasal accessory sinuses with reference to sphenoid and ethmoid diseases. Robert A. Powers, M. D. Discussed by Doctors Ames, Taylor, Heylmun, Ullman, Bullitt, Rodenbaugh and Powers.

Roentgen therapy of uterine myoma during pregnancy. John D. Lawson, M. D. Discussed by Doctors Rodenbaugh, Sheldon and Lawson.

Thursday, May 15, 1924, 2 p. m.

Survey of non-tubercular chest lesions. Henry Snure, M. D. Discussed by Doctors Bramkamp, Howson, Kinney, Rodenbaugh, Snure.

An interesting case report of pulmonary infarct demonstrated by the Roentgen ray. Discussed by Doctors Snure, Rodenbaugh, Pierson, Bowman and Crow.

Biological effects connected with modern deep therapy. Kurt F. Behne, M. D. Discussed by Doctors Parker, Rodenbaugh, Ullman, Costolow, Crow, Chamberlain, Huggins and Behne.

Metastatic bone carcinoma. Lyell Carey Kinney, M. D. Discussed by Doctors Snure, Ullman, Rodenbaugh, Parker and Kinney.

After a general discussion of matters pertaining to the section, and plans for the program for next year, the annual election was held, and Dr. R. G. Taylor, Los Angeles, was elected chairman, and Dr. Robert Newell, of San Francisco, secretary.

The section adjourned until the 1925 session.

Observations in a Case of Jejunal Fistula—A case of high complete intestinal fistula offered Edwin P. Lehman and Harry V. Gibson, St. Louis (Journal A. M. A.), an opportunity for making observations on the functional activity of the upper intestinal tract, some of which have a bearing on modern interpretations of gastro-intestinal physiology. Of these observations, two stand out as worthy of especial comment. The first in importance is the time interval between the appearance of motor activity in the upper and in the lower loops. Here is evidence that the stimulus in the upper loop is carried across an anatomic and physiologic gap in the bowel to the lower loop, causing peristalsis there, although there is no stimulus whatever applied locally to the lower loop. This could hardly occur except by a central control mechanism, using the term to mean a mechanism coordinating the activity of separate segments of the bowel. No nervous impulse could have been transmitted across the gap. An electrical wave would have been transmitted without a time interval. Furthermore, a central mechanism, sending stimuli which originate, let us assume, in a filled secreting stomach to the various segments of the bowel progressively caudad, would send stimuli also through the severed autonomics running to the absent two feet of bowel. These lost impulses may be conceived to be represented by the time interval between the motor activity of the upper and the lower loops. Further evidence of a central control mechanism was seen in the constant appearance of motor activity in the upper loop, soon after food was injected into the lower loop. In any consideration of local versus central control of the gastro-intestinal tract, these observations must be kept in mind. No similar observations have been met in the literature. The second point of interest, which also does not appear to have been previously noted, is the effect of sodium chlorid on secretion and peristalsis. The marked activity of both under the influence of a weak saline solution (about double normal) by mouth was striking. The absence of marked effect of acid or alkali separately was noted. On one accasion, the salt was given when the patient was nauseated, with a prompt flow of secretion and a prompt relief of the subjective symptoms. This suggests a point of possible clinical value in re-establishing normal peristalsis when there is a tendency to reserve peristalsis.

COUNTY NEWS

Nearly all county medical societies are having vacations during the summer months and will take up their work in the fall with renewed interest. Officers are urged again to send in full reports of meetings and other activities.

LOS ANGELES COUNTY

Resolution Regarding Foot and Mouth Disease—The following resolutions were adopted by the Board of Councilors of the Los Angeles County Medical Association at the meeting held on June 23, 1924.

"Whereas, The State of California has been recently visited by a severe epidemic of foot and mouth disease, entailing the destruction of enormous numbers of animals, and

"Whereas, The epidemiological knowledge necessary for preventing the spread of this infection is incomplete and further investigations are forbidden in this country by the United States Department of Agriculture, and

"Whereas, We believe that investigation could be safely conducted in infected zones during an epidemic without increasing the danger of spreading infection, and

"Whereas, We believe that such investigation as outlined in the report of the Los Angeles County Medical Association's committee on foot and mouth disease might lead to important knowledge concerning the methods of transmission of the disease, therefore, be it

"Resolved that the Los Angeles County Medical Association, while it does not oppose the destruction of infected animals, does deplore the stringent restrictions upon investigation of this disease during an epidemic period and in infected areas, and it urges that before it is too late such investigations be either carried out or authorized under controlled conditions by the United States Department of Agriculture.

By order of the council.

HARLAN SHOEMAKER, M. D.
Secretary."

Norwalk State Hospital—Doctor Edwin Wayte has been appointed medical director of the Norwalk State Hospital, effective July 1, 1924, to succeed Doctor C. F. Applegate, who has been head of the institution for several years and has resigned. Doctor Wayte has been first assistant physician at the Southern California State Hospital, Patton, for several years, coming to the institution from Exeter, where he was engaged in private practice. He was formerly an alienist at the Minnesota State Hospital.

SACRAMENTO COUNTY

Sacramento Society for Medical Improvement (Reported by George Joyce Hall, secretary)—The regular meeting of the Sacramento Society for Medical Improvement was held June 17, 1924. Members present, thirty-three; visitors, four. President Drysdale presiding. Minutes of previous meeting were read and approved. Report of cases:

Due to the fact that the subject of the evening in symposium form was to be that of "Ectopic Uterine Gestation," it was most interesting to receive the report of the case of ectopic uterine pregnancy presented by Doctors Beattie and Harris, with the living baby, now two and a half years old, presented at the time. Doctor Beattie's report was, in effect, that the Japanese mother, approximately eight months pregnant, became critically ill; a tentative diagnosis, intestinal obstruction, was made, although neither he nor Doctor Harris felt justified in making more than an exploratory laparotomy. Doctor Harris then took up the report from the surgical standpoint. Japanese father, mother and two children being shown to the society, the one in question being the

younger. Doctor Harris reports he planned to operate on intestinal obstruction and Cesarian section at the same time, and to their surprise, upon entering the peritoneal cavity, found a knee was present. Dr. Harris stated that, fortunately for everyone concerned, the time of operation occurred apparently just as the membranes had ruptured in an abdominal pregnancy. In an effort to deliver the baby it was found difficult because the baby had grasped with his hands coils of the mother's intestines. Placenta attachment was as follows:

1. Posterior surface of the broad ligament.
2. To the wall of the pelvis on the left side.
3. To the meso sigmoid and sigmoid bowel.

This mother made an uneventful recovery and the baby is apparently perfectly normal now, being, as above stated, two and one-half years old. At the time of operation, Dr. Harris found that there were twelve such cases reported in literature. Operative findings showed the tubes to be apparently normal, as were also the ovaries, with the uterus slightly enlarged.

Dr. Beattie also reported a case of atresia of the esophagus with x-ray shown taken on the second day, the baby, of course, having died.

Subject of the evening was presented by Dr. G. N. Drysdale on "Ectopic Gestation," and with the use of excellent slides. Dr. Drysdale covered the subject fully, beginning with history considering the question of incidence and the large speculative subject of etiology, classifying that into two main portions:

1. Interference with downward passage through the tubes, and
2. Decidual reaction in the tubes.

After completely covering this portion of the subject, it was followed by discussion of pathology; various locations; methods of development in the tubes compared to development in the uterine cavity. He later took up the results of ectopic pregnancy, including tubal abortions and rupture, hemorrhage—hematocele. He also spent some time on ovarian pregnancy, giving Williams' four conditions necessary for true ovarian pregnancy.

1. Tumor site in the ovary.
2. Tube intact.
3. Connected with uterus by utero ovarian ligament.
4. Microscopically finding true ovarian tissue in many places around the sac.

Secondary abdominal pregnancy, primary abdominal pregnancy, and various freaks were also reported. Symptoms diagnosed and differential diagnosis was given at length, as was also subject of treatment both in unruptured cases and in ruptured cases, including types of operation. Abdominal pregnancy which has gone on for several months, was discussed. After the fifth month there is little added risk in waiting until the thirty-eighth week before operation. Methods of removing placenta were also covered. Auto-transfusion was mentioned; conservation of tube was considered. Dr. Drysdale thoroughly covered the subject at great length, and it was discussed by the following: Dr. Hall opened the discussion on etiology, followed by Dr. James on diagnosis, Dr. Von Geldern on pathology, Dr. Beattie on medical treatment, and Dr. Harris on surgical treatment. Subject was also discussed by Drs. Wahrer and Parkinson, and discussion was closed by Dr. Drysdale. This meeting was again demonstrative of the excellent type of papers recently being presented by the members of the Sacramento society, and shows the progressive effect of the president's desire to improve the scientific value of the meetings for the present year.

The applications of R. G. Soutar and Thomas Hagerty were voted upon, and both were unanimously elected as members to the society.

The application of Dr. Richardson was laid on the table for further investigation.

SAN BERNARDINO COUNTY

San Bernardino County Medical Society (reported by E. J. Eytinge, secretary)—The society met June 3, at the Southern California State Hospital, Patton, with twenty-five members present and ten guests.

The program consisted of an excellent clinic by Patton Hospital staff.

G. Ben Henke, Ontario, was elected to membership.

SAN FRANCISCO COUNTY

St. Joseph's Hospital Staff Busy (by Sister M. Sylvia, superior) — St. Joseph's Hospital staff, San Francisco, held an "Obstetrical Night" on June 11. A. B. Spalding spoke on "Mortality in Obstetrics and Its Prevention." Most confinements are handled by general practitioner. Causes of death often result of criminal abortion and venereal diseases. Modern management of labor cases should begin, not in the prenatal clinic, but in the male adolescents, who should be instructed in venereal prophylaxis, so as not to infect mothers of the future. *Every doctor's office should be a prenatal clinic, where urinalysis, pelvimetry, and blood pressure should be given due attention; otherwise, independent nurses will take full charge, instead of acting under our direction.* Cesarian section in pregnancy between sixteen and twenty weeks is not advised, except if sterilization is desired. Cervical dilitation with bags is better. Manual dilitation is dangerous. All interference increases mortality, so natural processes must be given a chance. Prevention of cancer is an opportunity. At Lane Hospital every torn cervix is repaired eight days post-partum. In San Francisco, the death rate from cancer is highest; therefore, repair all torn cervices and examine every year after.

R. Knight Smith talked on "Operative Obstetrics." Forceps are used in one-fourth of all private cases at Sloane Maternity, New York. Indications are abnormality in shape or size of parturient canal, position or size of child, forces of delivery, and attachment of placenta. Vaginal examinations were denounced, until child has passed pelvic brim, abdominal and rectal examinations being sufficient. External pelvimetry is useful. Hydrostatic bag is most efficient, except in primiparas, where one cannot tell if baby can pass—even by pelvimetry. Better to induce early labor, where necessary, than to wait too long. If head is too big, don't use forceps. Conditions necessary are complete dilitation, major diameter able to pass brim and ruptured membranes; exception is funnel pelvis. Type of instrument has nothing to do with height of head. Tarnier forceps are not for high positions only. Any type can be used in any height. Generally better, if in doubt, to give mother test of labor, even in Cesarian section. Can wait twelve to twenty-six hours, but make no vaginal examinations. If instruments have been used or case is potentially infected and child is dead, craniotomy causes fewer deaths and mother can become pregnant again, as uterus is removed in the cases where section is employed. Cesarian section has mortality of 6 per cent. Incisions used are either one above umbilicus or other almost all below. Be sure all of placenta comes out, and that cervical canal drains. First stitch used enters cavity of uterus. 250 cc. fresh glucose solution and 1000 cc. Fiscer's solution with soda bicarbonate solution is fine for hyperemisis gravidarum; repeat in eight hours.

The program for August 13 will consist of a symposium on "Gastric and Duodenal Ulcer." "Diagnosis and Medical Treatment" will be presented by William Fitch Cheney; "Roentgenological Considerations," by L. B. Crow; and "Surgical Treatment," by J. H. Woolsey.

"When hanging was much in fashion a favorite field for pickpockets was in the crowds gathered to see other pickpockets choked to death."—J. H. Beal.

Utah State Medical Association

Editorial by J. U. Giesy, Associate Editor

On June 19, the members of the Utah Medical Association convened in the city of Logan for the 30th annual meeting, one of the biggest and best conventions ever held in the medical annals of the state.

One hundred and twenty members officially registered, and there were some who neglected to do so or forgot.

Through the 19th, 20th and 21st, many excellent and highly instructive papers were read.

Too much praise cannot be given to the Convention City's hospitality. The city was ours. The Eccles Hotel rendered most excellent service to our members and guests. Dr. Elmer G. Peterson, President of the Agricultural College, extended every welcome to the Association, and Prof. R. B. West kindly gave the free use of the Engineer Building for the meetings. Blackboards, lanterns and moving pictures were placed at the Association's service together with efficient operators for the latter, with great advantage in the course of the three days' meet.

While the scientific and business objects of the meeting were thus excellently provided for and carried through to a successful issue, there was no lack of the social side of the convention as well.

The Cache Valley Medical Society served an excellent basket luncheon at the Boy Scout Camp, fourteen miles up beautiful Logan Canyon. This was enjoyed by more than sixty members and guests.

The ladies were royally entertained at the Blue Bird on two or three occasions and were also taken for a ride up Logan Canyon and served with lunch. A reception by the President's wife, Mrs. Jos. R. Morrell, was well attended and was a most enjoyable affair.

The following officers were elected for the ensuing term:

President, Sol G. Kahn, Salt Lake City; President-elect, T. C. Gibson, Salt Lake City; First Vice-President, D. C. Budge, Logan; Second Vice-President, J. Cecil Clark, Provo; Third Vice-President, Charles Ruggeri, Price; Secretary, Wm. L. Rich, Salt Lake City; Treasurer, T. A. Flood, Salt Lake City; Councilors, R. R. Hampton, Salt Lake City; E. G. Hughes, Provo; W. L. Smith, Brigham City; Delegate to A. M. A., E. M. Meher, Salt Lake City; Alternate Delegate A. M. A., A. C. Behle, Salt Lake City.

The incoming President appointed J. U. Giesy of Salt Lake City Associate Editor of the California and Western Medicine for Utah.

Salt Lake City was chosen as the meeting place for the 1925 convention. The date was left for the Committee on Scientific Work to later announce.

I desire at this time to ask all secretaries of all county societies to forward to me under address of 512 Felt Bldg., Salt Lake City, the news of their societies, mailing same at such a date as to insure their receipt before the tenth of each month. I ask the co-operation of all secretaries with a view of making the Utah Department of California and Western Medicine a greater success. I wish also to call the attention of all our members to the fact that California and Western Medicine is furnished to the entire personnel of the State Association, without any personal cost outside their annual dues. Some of the members, we understand, are not fully advised of this fact. Let them now be so, and furthermore let them communicate anything which in their opinion may help to make the monthly news both entertaining and complete.

ANNUAL REPORT—TRANSACTIONS OF THE HOUSE OF DELEGATES, THIRTIETH ANNUAL MEETING, JULY 19, 20, AND 21, 1924.

All meetings held in Agricultural Engineering Building, Utah Agricultural College, Logan, Utah.

The House of Delegates of the Utah State Medical Association convened at 10 a. m., on Thursday, June 19, 1924.

Meeting called to order by the president, Joseph R. Morrell of Ogden; Wm. L. Rich, secretary.

Moved by Wm. L. Rich, seconded by R. R. Hampton, that, inasmuch as the minutes of the 1923 meeting were printed in full in our official magazine, "California and Western Medicine," and that it would take an hour or more to read them, that the reading of the minutes be dispensed with. Carried unanimously.

Roll call showed: Officers and councilors all present. Boxelder County, 1 delegate; Cache Valley, 2 delegates; Salt Lake County, 10 delegates, 1 alternate; Carbon County, 1 alternate.

Moved by J. C. Landenberger that Clifford J. Pearsall, alternate from Salt Lake County, be seated as a regular delegate to take the place of A. C. Behle. Motion seconded and carried unanimously.

R. R. Hampton moved that Charles Ruggeri, alternate from Carbon County, be seated as a regular delegate instead of Wm. T. Elliott. Seconded by John Z. Brown and unanimously carried.

Utah, Uintah and Weber County societies were not represented by either delegates or alternates.

The president announced that reports of officers and committees were in order, and the following reports were then given.

Report of the Secretary (by William M. Rich, Secretary).

Deaths—During the past year this association has suffered loss by death of three members: Dr. L. B. Laker of Eureka, who was our first vice-president for this year; Dr. James Lane of Salt Lake City, and Dr. Ralph T. Merrill of Logan; also a recent one-time member, Dr. Ross R. Anderson.

County Societies — One new County Society has been formed and added to our list of last year, making a total of eight component County Societies. The membership tabulated by counties and compared with last year, is as follows:

Boxelder, 8 (New County—four of these members were transferred from Weber County, thereby decreasing the members in the Weber County Society by four); Cache Valley, 17 (Same as last year); Carbon County, 12 (a decrease of 5); Salt Lake County, 221 (an increase of 21); Uintah County, 5 (a decrease of 2); Utah County, 43 (an increase of 12); Weber County, 41 (a decrease of 3); making a grand total of 347 (an increase of 31, or about ten per cent over last year).

This year the officers of the association have

visited the Cache Valley, Weber County, Salt Lake County and Utah County Medical Societies. Carbon County, Uintah County and Boxelder County did not receive official visits. The County Societies visited were active and progressive and seem to be doing a good work.

The Committee on Public Policy and Legislation has had something to do in national legislative affairs. As you are aware the National Congress passed two or three bills that were unjust to the profession—one the Harrison Narcotic Act.

As you are well aware, the profession has paid a per capita tax of $3.00 to the Collector of Internal Revenue for the past six or seven years. Before war the tax was $1.00 and as a war measure it was increased to $3.00. The Bureau of Legal Medicine of the A. M. A. and the various state associations protested against continuing the $3.00 tax. We also asked the Congress to extend to the medical profession the same rule that is applied to other businesses, i.e., the right to deduct from our income tax, traveling and hotel expense when attending medical conventions and taking post-graduate work. We also desired that earned incomes be taxed at a lesser rate than earnings from investments.

In spite of our many telegrams and letters to members of the Senate and the House, we did not succeed. The Congress did not deny the justice or right of our contention but virtually told us that our cause was just, but they could do nothing for us, because they needed the money.

We are also paying an annual registration fee of $5.00 to the state, for which it is questionable whether we get value received. We are, as a class, being discriminated against. We must endeavor earnestly, as an association and as individuals, to maintain our rights, both nationally and as citizens of this fair state.

The Committee on Public Policy and Legislation will give you a detailed report of both local and national interest, and I trust some enthusiasm will be aroused and some plans formulated that will help us maintain our rights.

The transfer from the Northwest Medicine to the California State Journal of Medicine was completed last August. The California Journal has now changed its name to California and Western Medicine, and I trust all of you are receiving it. Some of our members don't seem to realize that this journal is the official organ of this Association and that it is purchased by the Association for its members. Some of the new members are not yet on the mailing list, but their subscriptions will begin with the August issue and will continue thereafter as long as they remain in good standing. I believe the entire membership are agreed that the change has been a healthy progressive one. We are given a certain space in this Journal for Utah news and it often happens that little or no news, except from the Salt Lake County Society, is given the Journal. The officers of this Association desire every component County Society to send news to the Editor, Dr. W. E. Musgrave, Balboa Building, San Francisco, California, before the 20th of each month, for publication in the Utah section

The president-elect has appointed Dr. J. U. Giesy as Associate Editor for Utah for the coming year, but Dr. Giesy cannot know the news from the various component County Societies. It is, therefore, necessary for each County Society to send in their report once a month. Let us all unite in trying to make the Utah section worth while to its members and the profession at large.

Your attention is again invited to Hygeia. More diligence in interesting the public in this magazine will bring us large dividends in friends, and will be our most powerful weapon in combating ignorance and the cults. Also it will pave the way for fair and upright legislation in behalf of the general public good as well as the profession at large.

The secretary urges that the present House of Delegates consider the reduction of the dues paid to the State Association by the Component County Societies. The dues for the past two years have been $8.00 per member and your secretary suggests a reduction of $3.00 per member, making the component County Society dues $5.00 per member instead of $8.00. The State Association almost became bankrupt when dues were $4.00 per capita, and this increase during the past two years has made us stronger financially so that we are able to now get along with the reduction suggested.

The proposed amendments to our by-laws relating to changing the fiscal year to correspond with the calendar year has been published twice—once in the California and Western Medicine and in the present program, and is to be voted on at this session.

Officers to be elected are: President-elect, three Vice-Presidents, Treasurer, two Councilors for the First and Second Districts, Delegate and Alternate to the A. M. A.

Moved by R. R. Hampton that the report of the secretary be referred to the Reference Committee. Seconded and carried. President Morrell stated that this action on the reports would not be necessary after each report was given, inasmuch as they were all handed to the Reference Committee.

REPORTS OF THE COUNCILORS

R. R. Hampton, Chairman

Report on the Work of the Councilor of First District (by W. LeRoy Smith, Councilor, First District).—During my short term I have visited the Ogden meetings of the Weber County Medical Society and have found them well attended. The members have enjoyed regular meetings at which many valuable papers have been given. Everything was working harmoniously.

Upon inquiry I have found that the Cache Valley Medical Society is functioning better than ever and that they have had many scientific programs that have been appreciated by the members. They have been very busy making arrangements for the care and entertainment of the members of the Utah State Medical Association and all visitors and lady friends that will be in Logan during the time of the convention, June 19, 20, 21, 1924.

It has been my pleasure to organize a new unit in Boxelder County, known as the Boxelder County Medical Society. We started with eight charter members and have taken one more since that time. Now we have all the physicians in the county active members. Four of our members, however, have been members of the Weber County Society and they merely transferred their membership. The new societ has received inquiry from physicians in Malad, Idaho, who are anxious to join because there is no organization at any closer point.

Councilor of the Second District (by R. R. Hampton, Councilor, Second District).—Several meetings of the committee were held during the current year and the following business transacted:

That members of a county society who have reached the age limit and are carried as honorary members of the component county societies be paid for by each county society to the State Association in a sum equal to the cost of the official journal.

Expenses of G. L. Reese while acting as councilor for three years in attending the council meetings were paid in the amount of $99.50.

The fiscal year of this association be changed to the calendar year to correspond with the wishes of the American Medical Association, and, further, that the by-laws be amended.

The meetings of the University of Utah Medical School Advisory Committee were attended by the council and the discussions were entered into by the council.

The question of certain members of the Cache Valley Medical Society petitioning the members of

the Weber County Society for membership was denied.

Periodic health examinations of the general public was brought up and was referred to the Committee on Public Policy and Legislation, to be handled by the House of Delegates.

The Council accepts, with much regret, the resignation of Dr. Whalen, one of its members, who was giving up his residence in Ogden and moving to California.

W. L. Smith of Brigham City was elected by the Council to fill the vacancy created by the resignation of Whalen.

The Council also met with the Advisory Committee on Hospitals and took part in the discussions.

The meetings of the Salt Lake County Medical Society have been of very high grade and have had the largest attendance in the history of the organization. There has been an average of seventy people at each meeting.

Since the first of the year two of our members, L. B. Laker and James Lane, have passed on. .

Next to the programs, probably the biggest work done by the Salt Lake County Medical Society has been the prevention of damage suits by the Medical Legal Committee, and their work has had a very potent effect upon threatened damage suits.

The Society is planning to have Dr. Ashoff, German Pathologist, as a guest on June 25th, and he will deliver a paper at that time.

There has been an increase of ten new members and we now have 219 in the Salt Lake County Medical Society.

Councilor of the Third District (by E. G. Hughes, Councilor, Third District).—I wish to submit the following report of the Third District. In this district there are three component societies of the State Association, viz.: Utah County, Carbon County and Uintah County. In these respective counties all of the regular men are members of their respective county societies. To the south of these counties there is no county medical society, and a few of the men in this part of the State have availed themselves of the opportunity to join the Carbon County and Utah County societies as to the nearest covering their location. We have men in Nephi, Mt. Pleasant, Milford, Salina, and Cedar City as members in the Utah County Society, and some of the men in Emery County belong to the Carbon County Society. The men in Richfield, Delta, Fillmore and Gunnison are without membership in any society and it seems to me that the State Association ought, through its organization, to interest the men in these outlying districts by utilizing the membership of the various component societies to extend a little service at suitable places, by meeting these regular men of the profession who are apparently professionally dead as far as the various medical organizations are concerned, and extend in part some of the benefits derived by those who meet together often and discuss their common problems. No doubt some of these men become inert to the things that confront them from time to time and it is not only they that suffer but the communities in which they practice. Automobile service and convenience in the proper season could reach these men and get them in touch with a bigger service they could render humanity.

Reaching these men is a problem. I merely mention the suggestion of getting them interested and then members of some society, and when this is accomplished they may help themselves to become more serviceable. I believe it is the duty of the State Association through its component societies, to interest all men to become members that they may be made better men in being schooled in the ethics of the profession by mutual contact.

Members as a whole in this district are good citizens and conscientious practitioners. Some are inclined to be a little too zealous and have thoughtlessly done unethical things. There have been some rumors of reporting these matters to the Censor Committee in the Utah County Society, but no definite action has as yet materialized. It is to be hoped that the offenders may see the folly of their ways and repent, so that 100 per cent harmony and peace may prevail as usual.

REPORT OF DELEGATE TO A. M. A.

By Dr. E. M. Neher

Your delegate attended the 75th annual session of the American Medical Association, held at Chicago, and wishes to submit the following report:

The attendance of about 8,000 is said to be as large as any of the previous sessions. The sectional meetings and scientific exhibits were held on the Municipal Pier, which had been splendidly transformed into rooms suitable for this purpose.

The House of Delegates met in the assembly room of our new building, where luncheon was provided for the members. The house was called to order by its speaker, F. C. Warenshuis. Following the report of the Committee on Credentials the executive officers addressed the house. Speaker Warenshuis made a very forceful address, calling the attention of the delegates to the fact that they are the law-making body of the American Medical Association and that their interests should not be individual or sectional, but that they should be mindful of the best welfare of the membership of the entire Association. He recommended to the House of Delegates during its session that they go into a committee of the whole for an hour or longer as may be deemed necessary in order to candidly and frankly discuss important questions. His recommendation was accepted and on Tuesday afternoon the house went into a committee of the whole, spending most of the time on the supplementary report of the Judicial Committee in reference to life institutes and like institutions which have for their purpose the jobbing of the physicians' service. It was shown that these life extension organizations are making capital of the recommendation urging yearly physical examinations which was passed at the previous session. It was further shown that these so-called life-prolonging institutes had by false representation, such as being altruistic and philanthropic, secured the endorsement of a number of prominent physicians and surgeons of our country. After much discussion and due deliberation the house passed a resolution favoring the practice of yearly physical examinations which are to be made by their family physician and such help from specialists as he (the family physician) may deem necessary. They also went on record condemning, in the strongest terms, these jobbing institutes and likewise the physicians who continue to sell their services to them.

We are enclosing a copy of the supplementary report of the Judicial Council. We believe this matter is one of very great importance to the medical profession of our State and that it should be brought to their attention at your meeting.

The president-elect, William Pusey, gave a very forceful address on the trend in medical and nursing service. He thinks the nursing problem can be solved by reducing the educational requirements, shortening the course by giving them more training and less drudgery in the hospitals. This will greatly increase the number of girls to take up training.

President Pusey also suggests the following as a remedy for the high cost and long course in securing a doctor's degree:

1—The present accredited high school education can be made sufficient preliminary training.

2—Three years of medical training.

3—Hospital training of not less than eighteen months.

4—Proper selection of students on the ground of fitness.

In view of the fact that such a small proportion of high school students study medicine, we could not

expect them to change their course of study to suit the pre-medical student, and furthermore, since nearly all our good medical schools are now an integral part of some university, we are unable to see just how Dr. Pusey will be able to put his plan into practice.

Retiring President Ray Layman Wilbur gave the House of Delegates some good advice on the practice of medicine, urging the members of the profession to keep abreast with the advancement of civilization.

The secretary, Olin West, made his report, showing the membership had grown during the past year and now contains over 90,000 members. It is interesting to note that in our State we have 497 physicians registered, with only 356 members of our State Association. This is a good field for missionary work.

The trustees made a most interesting report. Their financial statement showed the income for the past year to be considerably over one million dollars, with the largest share of it coming from the advertising department.

"Hygeia" was published at a loss of $38,000, but the trustees deem its service so valuable to the public and profession that they propose to continue to publish it, and figure it will become self-supporting within the next five years. On January 1, 1925, the trustees are starting a new journal, termed the "Archives of Otolaryngology."

The new home of our association is a splendid six-story fire-proof building 100x160 feet. We should all be proud of it.

The last session of the House of Delegates was devoted to the election of officers and the final report of committees.

The following officers were elected for 1924 and 1925: President-elect, William D. Haggard, Nashville, Tenn.; Vice-President, E. B. McDaniels, Portland, Oregon; Secretary, Olin West, Chicago; Treasurer, Austin A. Hayden, Chicago; Speaker of the House of Delegates, Frederick C. Warenshuis, Grand Rapids, Mich.; Vice-Speaker, House of Delegates, Rock Sleyster, Wauwatosa, Wis.; Board of Trustees (term expires 1927): Edward B. Heckel, Pittsburgh, Pa.; Thomas McDavitt, St. Paul, Minn.; term expires 1928, J. H. Walsh, Chicago; Judicial Council: M. L. Harris, Chicago; Council on Medical Education and Hospitals: Merritt W. Ireland, Washington, D. C.; Scientific Assembly: F. P. Gengenbach, Denver, Colo.

There were about twenty physicians registered from Utah. Owing to the great distance to the convention from our State we believe this speaks very favorably for our profession.

Your association has the honor of having your delegate appointed a member of the Committee of Reapportionment.

REPORTS OF COMMITTEES

Report of the Committee on Scientific Work (by Clarence Snow, chairman; M. M. Critchlow, vice-chairman; Ernest Van Cott, William L. Rich).—Clarence Snow, chairman of the committee, being absent from the State, has authorized me to give the following report:

Your committee had its first meeting last February and decided to hold the annual meeting of the State Association on June 19, 20, 21, 1924, hoping that we could get some of the speakers at the Northwestern meeting to stop off here en route to Vancouver, and also that we could get some California men who would be returning from the meeting of the American Medical Association in Chicago. We were partially successful, inasmuch as it was possible to secure the services of Dr. L. G. Rowntree of the Mayo clinic, and Dr. A. S. Warthin of the University of Michigan. The latter has been brought here at an expense of about $50, which was authorized by the Council.

Letters were written to several men who are giving papers in Vancouver next week. Some of these men did not reply and others stated that it was impossible for them to give papers this year, but would be glad to be at our service in the future. These letters are on file and should prove valuable to future committees.

Seven meetings in all were held and the speakers as listed on the program were obtained. Some eminent men are lecturing at the summer school at the Utah Agricultural College, so it was possible to have them on the program at no expense. For this your committee wishes to thank the officers of the Utah Agricultural College.

Just as the program was going to press it was decided to give George M. Fister a place on the program, inasmuch as he had some very interesting and important data on "Hay Fever."

Report of the Committee on Arrangements (by D. C. Budge, chairman).—Pursuant to the action of the association at the last meeting, designating Logan as the city for the thirtieth annual convention to be held June 19, 20, and 21, a consultation with the proper officials has been held, various committees have been appointed and some of their duties defined.

Please be advised:

Committee on Program—Composed of the officers of the Association.

Committee on Arrangements—This communication is evidence of the duties and activities of this committee.

Committee on Place of Meeting and Equipment—Through the courtesy of Elmer G. Peterson, president of the Utah Agricultural College (who, by the way, manifests keen interest and hearty co-operation) the Agricultural Engineering building and the college cafeteria have been tendered for our use and patronage. We will be provided with a lecture room, an exhibit room, a dark room, a lantern and screens. Signs will be conspicuously placed indicating the buildings and parking places.

Committee on Hotels and Transportation—Hotel Eccles has been secured as hotel headquarters. Reservations have already been made for our special guests who take part on the program. Cards have been sent to all members requesting that they make immediate reply so that reservations can be made for them. Transportation from hotels to the convention building will be provided for all who have no transportation facilities of their own.

Committee on Banquet and Entertainment—Arrangements have been made for the banquet at Hotel Eccles and for a basket luncheon in Logan Canyon. Program and toasts for the banquet have been assigned. Cards have been sent to all members requesting that they make early and immediate plate reservations for the banquet. If replies are made promptly no one will be disappointed. The luncheon in the canyon is tendered with the compliments of the Cache Valley Medical Association.

Committee of Ladies for Lady Guests—Needless to say that this committee has been busy. They have already completed all arrangements on their part. All they need now is lady guests to work upon.

Committee on Registration—A room at convention headquarters will be provided for registering, where you will receive your badges and credentials. A stenographer will be at your command.

Public Meeting—A meeting for the general public has been arranged for at the Tabernacle for Friday, June 20, at 8 o'clock p. m. Proper publicity and advertising of this meeting will be attended to.

Logan in June is a place of beauty. Her people welcome your coming and hope for a large attendance. While here the city will be yours and all things therein will be yours, for the asking.

The Logan Chamber of Commerce, the Rotary Club and the Kiwanis Club are all co-operating to making your convention a success.

The Cache Valley Medical Society, together with all the citizens of this valley, feel highly honored

that this convention is being brought to Logan. This being the first time that we have been thus honored, during the history of the association, we hope to prove our hospitality and to conduct ourselves, as a host city, so that you will feel anxious and happy to come again.

Committee on Necrology (by D. L. Barnard, chairman).—Since our last meeting in June, 1923, the Association has lost three of its members who were men of high character, one of them being our vice-president.

Your committee has compiled brief notices of each, also notice of the death of one other who, though not a member at the time of his death, had been one of us for several years. These notices are herewith respectfully submitted:

LASHBROOK BRYCESON LAKER

On Thursday, February 7, 1924, there passed from us a vice-president of this association, Dr. Lashbrook Bryceson Laker, a prominent physician of Eureka, Utah.

All the members of the association were deeply shocked over the death of Dr. Laker, for he was known and loved and respected by all. He was especially well known by the men of the Salt Lake County Society, of which he was a member, and, although he lived in Eureka, he rarely missed a meeting of the Salt Lake Society, where his genial personality made him welcome in any group.

Dr. Laker was born November 6, 1872, in St. Charles, Idaho, the son of Lashbrook and Anna Bryceson Laker. After completing his preparatory medical work in the University of Utah he entered Rush Medical College, where he was graduated in 1903. He served his interneship in Charity Hospital, Chicago. Since 1905 he has been practicing medicine in Eureka, Utah. He served there as physician and surgeon for the Denver & Rio Grande Western Railroad, the Salt Lake & Los Angeles Railroad, and various mining companies. He was for many years a Fellow of the American Medical Association. At its meeting in June of last year the Utah State Medical Association chose him vice-president and he served in this capacity to the date of his death.

Dr. Laker is survived by his wife, Grace Maude Spencer Laker, and by the following brothers and sisters: Mrs. J. A. Sutton of Salt Lake, Mrs. H. H. Dalrymple of Paris, Idaho, and John, Joseph, Daniel, Willard, Nellie and Minnie Laker, all of St. Charles, Idaho.

The following resolution has been prepared:

Whereas, By the death of Dr. Lashbrook Bryceson Laker, who died February 7, 1924, this Association has lost one of the most beloved, devoted and conscientious members it ever had, and one who at the time of his death was its Vice-President, a gentleman, physician, friend; be it

Resolved, That the Utah State Medical Association assembled this 19th day of June, 1924, express deep sorrow and sympathy to the wife and family of Dr. Laker, for we, as well as they, have sustained a loss of a true friend. The community has lost a faithful physician and a real man; be it further

Resolved, That these resolutions be spread upon the minutes of this Association and that a copy be sent to Mrs. Laker.

JAMES LANE

Dr. James Lane, a member of the Utah State Medical Association, and a practicing physician of Salt Lake City, died on March 18, 1924.

James Lane was born in Ireland in 1858. He became a licentiate of the Royal College of Surgeons of Ireland in 1882, and of King's, Queen's College of Physicians of Dublin in 1883. He came to America and was licensed here in 1903. After practicing in Wyoming a few years he came to Salt Lake about fourteen years ago.

Dr. Lane had very few intimate friends among the members of the society, but is described by one of our members who knew him very well as a very fine character, quiet, diffident and very capable, a gentleman in the finest and truest sense of the word.

Dr. Lane never married, but is survived by two sisters, Mrs. J. P. Megeath and Miss Rose Lane, both of Salt Lake City.

The following resolution has been prepared:

Whereas, By the death of Dr. James Lane the community has lost a skillful physician, the Association an honored member, and his friends have lost one whom they held in the very highest esteem; be it

Resolved, That the Utah State Medical Association assembled this 19th day of June, 1924, express our sorrow and sympathy to the family of Dr. Lane; and be it further

Resolved, That a copy of these resolutions be spread upon the minutes of the Utah State Medical Association, and a copy sent to the family of Dr. Lane.

ROSS R. ANDERSON

Dr. Ross R. Anderson, a former member of this Association, died after a long illness, on November 9, 1923.

Dr. Anderson was born in Manti, Utah, April 23, 1879. After preliminary education received in the public schools and in the L. D. S. University, Salt Lake City, he entered the College of Physicians and Surgeons of Baltimore, where he was graduated June 5, 1905. Returning immediately to Salt Lake City, he was for two years Professor of Pathology and Bacteriology in the University of Utah. He also served as Pathologist to the L. D. S. Hospital of Salt Lake City, and practiced his profession there until 1910, when he moved to Mt. Pleasant. He returned to Salt Lake in 1912 and again engaged in the practice of surgery. In November, 1922, he moved to Los Angeles and there took up the practice of surgery, which he followed until seized by illness a few months later. He returned to Salt Lake October 14, 1923, and died there November 9, 1923.

Dr. Anderson is survived by his wife, Euphemia Olson Anderson, by three sons, J. Ross, Elliott and Wm. A., who now reside in Salt Lake City. He is also survived by his mother, who lives in Manti, and by three sisters and three brothers: Mrs. Edward Reid, William Anderson and Henry Anderson of Manti; Mrs. Girard of Salt Lake City; Mrs. E. Funk of Emery County, and Frank Anderson, who lives in Colorado.

The following resolution has been prepared:

Resolved, That the Utah State Medical Association assembled this 19th day of June, 1924, take this means of preserving the memory of a former member of this Association, and that the Association express its keen appreciation of the loss suffered by Mrs. Anderson and her sons, and does hereby express our heartfelt sympathy to her and them; be it further

Resolved, That these resolutions be spread upon the minutes of this Association and that a copy be sent to the immediate family of the deceased.

RALPH TEAUCUM MERRILL

Dr. Ralph T. Merrill was born in Smithfield, Utah, on June 22, 1872. He was the son of Ralph T. and Matilda Collett Merrill. His death occurred December 17, 1923.

Dr. Merrill was educated in the Utah Agricultural College and in Brigham Young College in Logan, Utah, and in the Chicago College of Medicine and Surgery, where he took his degree in 1910. He practiced in Smithfield, Utah, up to the time of the entry of the United States into the recent war, when he promptly offered his services to his country. He served as a medical officer for about two years, being stationed at Fort Riley, Fort Crook and Fort Snelling. He was discharged with the rank of Major.

Before his entry into the army and immediately after his discharge, Dr. Merrill studied diseases of the eye, ear, nose and throat in Chicago, and afterwards practiced that specialty in Idaho Falls, Idaho, and in Logan, Utah.

One does not often encounter a history of a recently deceased physician where one finds such a marked impression made on his colleagues as has been found in the case of Dr. Merrill. During his days of patient suffering last year, especially while he was in the hospital, his splendid soul shone forth so that his own physicians and other medical men

with who he came in contact, said: "He is the best man ever."

Dr. Merrill is survived by his mother, his wife, Mary Plowman Merrill, and by the following children: Gladys, Barbara, Ralph DeMar, Harrison P., Edgar Christian, Louis John, and Leon Collett, all of whom reside in Smithfield, Utah.

Dr. Merrill leaves many friends who mourn his loss, both among his patients and among the social circles with which he came in contact, notably Logan, Post No. 7, American Legion.

The following resolution is offered:

Whereas, By the death of Dr. R. T. Merrill this Association has lost a loyal member and the community has lost a genuine man; and

Whereas, the deceased so promptly gave his services to his country in time of need and his loving wife and children so cheerfully sacrificed their own desires and seconded this service; be it

Resolved, That the Utah State Medical Association assembled this 20th day of June, 1924, do express heartfelt sorrow and sympathy to the wife, children and mother of Dr. Merrill, and do assure them of the keen appreciation of the many services rendered by him to society; and be it further

Resolved, That these resolutions be spread upon the records of the Association and that a copy be sent to the family of the deceased.

Treasurer's Report from June 20, 1923, to June 18, 1924 (by F. L. Peterson, Treasurer).

Receipts

Balance in Bank June 20, 1923			$1,698.02
8-27-23	From Entertainment Committee	$ 14.50	
8-27-23	Utah County Medical Society	40.00	
10- 2-23	Post Graduate Course (Dr. Dock)	521.36	
2-19-24	Salt Lake County Med. Society	144.00	
3-19-24	Weber Co. Med. Society dues 44 members	352.00	
3-28-24	Cache Valley Med. Society dues	136.00	
3-28-24	Carbon Co. Med. Society dues	88.00	
3-28-24	Uintah Co. Med. Society dues	32.00	
4- 3-24	Utah County Med. Society dues	344.00	
4- 3-24	Salt Lake Co. Med. Society Dr. Ashby & Geo. Smart 1923 dues.	16.00	
4- 3-24	Salt Lake County Med. Society 213 members' dues 1924 and four honorary members at $2.30 each	1,713.20	
5-20-24	Weber County Med. Society reinstating Dr. Whalen	8.00	
5-20-24	Carbon County Med. Society reinstating Dr. Bruckheimer	8.00	
5-20-24	Salt Lake Co. Med. Society two members	16.00	
5-20-24	Boxelder County Med. Society	32.00	
6-18-24	Boxelder County Med. Society	8.00	
6-18-24	Salt Lake County Med. Society	8.00	
6-18-24	Coupons from bonds	12.75	
Total Receipts from societies, bonds, etc.			3,493.81
Total Receipts for the year			$5,191.83

Disbursements

6-23-23	Dr. W. E. Musgrave, 310 subsubscriptions to "California and Western Medicine	$620.00
7- 3-23	Telegrams for State Meeting	4.62
7-12-23	University of Utah (running stereopticon)	6.00
7-12-23	E. Hollings, Exhibit cards	6.00
7-12-23	Hotel Utah—entertainment of Guests at State Meeting	119.00
7-19-23	Entertainment of wives of guests at State Meeting	6.50
7-19-23	Gardiner Printing Co. (Printing for Dr. Dock's course)	27.50
8-23-23	Gardiner Printing Co. (Additional printing for Dr. Dock's course)	34.50
8-23-23	Gardiner Printing Co., 100 tickets	3.50
9- 7-23	Dr. Wm. L. Rich, Secretary (salary, stamps, stationery, telegrams, telephones, etc.)	208.32
9- 7-23	F. L. Peterson, Treasurer (salary, postage, stationery, etc.)	28.25
9-27-23	F. L. Dust Co., Binding Transactions	3.50
9-27-23	Gardiner Printing Co., letterheads	5.75
10-22-23	Utah State Medical Association Savings Fund, 4 per cent from Dr. Dock's course	521.36
9-28-23	Billings Stenographic Service	55.87
12-22-23	Billings Stenographic Service	10.66
12-22-23	G. L. Rees (expenses connected with Council Meetings)	99.55
12-26-23	Dr. W. E. Musgrave, 6 months scriptions to "California and Western Medicine" for fifteen members	15.00
3-26-24	Billings Stenographic Service	1.62
3-24-24	American Medical Directory	15.00
4- 1-24	Dr. Wm. L. Rich, Telegrams	7.60
4- 1-24	Earl M. Crandall, Bond of Treasurer	2.50
5-17-24	Dr. Wm. L. Rich, telegrams, index cards, brief cases, etc.	13.71
6- 3-24	Billings Stenographic Service	21.11
12- 3-23	F. L. Dust—(binding work)	.75
	Total Disbursements	$1,837.17

Recapitulation

Balance on hand in bank June 20, 1923	$1,698.02
Receipts from June 20, 1923 to June 18, 1924	3,493.81
Total Receipts	$5,191.83
Disbursements from June 20, 1923 to June 18, 1924	1,838.17
Balance on hand in bank June 18, 1924	$3353.66

I also carry for the Association three Hundred Dollar Bonds of the Second Liberty Loan of the U. S., converted 4½ per cent Gold Bonds of 1927 to 1942 with coupons attached from Nov., 1924, to Nov. 15, 1942. Also a savings account in the name of the Utah State Medical Association for $1,197.62, the proceeds from the Dr. Brooks and Dr. Dock courses.

Committee on Public Policy and Legislation (by John Z. Brown, Chairman).—The important legislative work of your committee on "Public Policy and Legislation," since our last session, was that done in connection with our Senators and Representatives in Washington during the consideration of the Federal Revenue Act of 1924.

A united effort was made by all the physicians of the United States, through their State Medical organizations, to induce Congress to amend the Harrison Narcotic Law by reducing this tax from $3.00 to $1.00. This would restore it to a peacetime basis and relieve the doctors of a tax greater than is necessary to give the Federal Government jurisdiction for the purposes of the act.

In the second place, Congress was urged also to amend the revenue law to enable the physician to deduct traveling expenses incident to attendance at meetings or medical conventions for purely scientific study, and to deduct the expenses of postgraduate studies, in computing his Federal Income Taxes, a right which is now denied him.

In this active campaign we worked under the direction of and in co-operation with the Bureau of Legal Medicine and Legislation of the A. M. A. in Chicago, of which Wm. C. Woodward is chairman. The committee sent letters and telegrams to Senators Smoot and King and to Representatives Leatherwood and Colton, fully explaining the wishes of the profession. Letters were also sent to all the component county medical societies of Utah requesting them to do likewise. Physicians from different parts of the State were also communicated with and urged to write individually to our Utah men in Washington.

After the House of Representatives had passed the bill without making the desired amendments, we directed our efforts to the Senate, focusing the same more particularly on the Senate Finance Committee.

Wisconsin, Connecticut, Kansas, Indiana, Pennsylvania, West Virginia, Mississippi, Oregon, North Carolina, New Mexico, Illinois, Kentucky, Rhode Island, Missouri, Massachusetts each has a Senator on this committee, while Utah is represented on this important committee by both our Senators, with Reed Smoot, our senior Senator, as chairman. For this reason the A. M. A. leaders in Chicago looked to the Utah State Medical Association to make a vigorous effort in this direction. Copies of all letters and telegrams, which we received from Washington, were promptly forwarded to Dr. Woodward in Chicago, and suggestions asked for were freely given, but in spite of all the efforts of the united profession the law was not changed. Our appeals

fell on deaf ears, and the Federal Revenue Law remains exactly as it was before. We believe, however, that the medical profession of the country is to be congratulated for the vigorous fight which was made.

That the efforts of the Utah State Medical Association were appreciated by the A. M. A. leaders in Chicago is evidenced by the last letter your committee received from Dr. Woodward, in which he says:

"I thank you for your letter of April 18, inclosing a copy of a letter from Senator Smoot relative to the proposed abolition of the war tax imposed on physicians under the Harrison Narcotic Act. It is interesting to note that Senator Smoot merely reports that the tax is to be continued, without suggesting any reason why it should be continued. My impression is that he is a better logician than some who have undertaken to defend this war tax, and so realized that there was no argument that could be presented in support of it that could not be used with equal or even greater force to require the continuance of all war taxes whatsoever. For the present we seem to have lost out, but another time we may be able to do better.

"The Utah State Medical Association has certainly done its part nobly. Its activity in this matter has been greatly appreciated. (Signed) Wm. C. Woodard, Executive Secretary, Bureau of Legal Medicine and Legislation."

Coming now to the conditions that concern us locally, your committee considers it a duty to inform you of the operation of the present Medical Practice Act. As we are so closely allied with the professions of dentistry and pharmacy, representatives of your committee held conferences with the officers of these two organizations, the idea being to get these three professional groups, with perhaps the nurses and others together representing as they do a great many voters, so when future problems confront us we can speak to our public officials, whether they be state officials, legislators, county commissioners, or city officials, in a manner that is sure to have influence. It is well known that politicians have much respect for large groups of voters.

James R. Calvert, president of the Utah State Dental Society, and President Eugene L. Wade of the State Druggists' Association, are both very enthusiastic over the proposition.

Last Monday, President Wade and Mr. Flashman, from the Druggists' Association, together with a representative of your legislative committee, had an interview with Mr. J. T. Hammond, head of the Department of Registration at the State Capitol, and we have the following information to present:

There are ten professions and vocations included in this department, with registration fees as follows:

Doctors, $5.00; Dentists, $3.00; Registered Pharmacists, $2.00; Nurses, $1.00; Veterinary Physicians, $2.00; Embalmers, $2.00; Barbers, $1.50; Accountants, $5.00; Architects, $5.00 and Optometrists, $2.00.

The lawyers do not pay a registration fee. A fee is also paid when an applicant takes an examination or is licensed by reciprocity.

The director is required by law to turn all moneys collected into the State Treasury. The biennial income approximates $23,000. The department is allowed $17,916 each two years for operating expenses; of this the Registrar receives a salary of $3000, with $1300 for a clerk. Added to this is the amount he pays to the various examiners, leaving very little for inspectors, **and nothing for law enforcement.** In other words, under the law, he is not even allowed to use all the money he collects to enforce the provisions of the department, a balance of about $8000 being kept by the State Treasury. There has been one conviction of an unlicensed practitioner during the present year.

There are none of the so-called "Diploma Mill Graduates" registered in Utah. Fifty of such persons have applied but were promptly rejected. The department keeps a careful record of each physician registered, together with the school from which he was graduated, as well as a record of his pre-medical education. At present there are 560 physicians and surgeons registered in Utah.

In a recent conversation I had with His Excellency Governor Mabey, these things were discussed, at which time I told him the doctors do not like to pay a special tax in addition to regular taxes all citizens are required to pay. He stated that he knows this law is not ideal, and that the administration is anxious to co-operate with us for its improvement.

In order that we might know something about this problem among our neighbors, both near and far, your committee sent a brief questionnaire to the secretary of each of the fifty-four State Medical Associations, comprising the A. M. A. To date replies have been received from all except the South Dakota, Vermont, Virginia, Philippine Islands and Porto Rico. In these fifty-four states and territories only these seven, Alaska, California, Delaware, Georgia, Idaho, Louisiana and North Carolina require their physicians to pay an annual registration fee.

In Arkansas, the city of Little Rock levies a "City Privilege Tax" on physicians.

Illinois has a State Department of Registration and Education, for which there is appropriated from their State Treasury for each biennium the sum of $262 for maintenance.

Connecticut, Maryland and New York report as follows:

In Connecticut the physicians register annually by card but pay no fee. In New York a registration bill was introduced in the Legislature, was backed by the State Medical Society, but did not pass.

The physicians in every state and territory oppose such a tax. Almost without exception in all the states, there is little or no enforcement of law preventing quacks, charlatans and uneducated people from practicing the healing art. F. J. Pinkerton corresponding secretary of the Medical Society of Hawaii, says:

"Thus far this territory has had little or no success in regulating the practice of the healing art among quacks, charlatans, and uneducated people. Some few years ago several prominent citizens went before the legislature in support of a chiropractic bill which permits them to practice almost unlimitedly in this territory. Most of us are thoroughly convinced that they are actually practicing medicine, but it is hard to get evidence against them and I doubt very much if they could be convicted if proof was taken before a jury. Two years ago one magnetic healer and one natureopath were arrested and fined twenty-five dollars each for practicing medicine without a license.

"You must not lose sight of the fact that in Hawaii we have colonies of almost every race of people, and especially the Orientals. They have their own peculiar ideas, are very gullible, and will employ anyone who hangs out a shingle. At present there is no money appropriated for the business of running down fakers. While this duty is within the province of the Board of Health, the Board claims that they have no money for such a purpose."

The present attitude which some have toward physicians is due in a measure to the propaganda of quacks and charlatans, who pose as being persecuted by us. Dr. Frank Billings, in the A. M. A. Bulletin for February, says: "So long as we look upon the cults as competitors in medical practice, just so long will they flourish."

Another contribution to this same attitude of the public is our lack of loyalty to each other. How often do we hear this expression: "He has no business to treat a case." It is needless to say that such a statement by one physician about another makes a deep impression on the layman who hears it.

Politicians and "would be" philanthropic persons have learned that public health and welfare activity is a fruitful field to cultivate for private gain, and along with their pernicious undertakings come abuses of charity.

"Usurption of state powers by our Federal Government is one of the most serious problems of Democratic government America has to face today," says James Harvey Teller, Chief Justice of the Supreme Court of Colorado, who delivered an address on "Liberty and Law" at the recent annual dinner of the Utah State Bar Association.

This encroachment also applies to matters of

public health that should be under the control of the various state governments, which are amply able to care for the same.

In the face of present conditions we must be alert to our responsibilities and our rights as citizens. If we take the middle of the road, look every man in the face, and insist on, as well as stand for, a square deal, impress on our friends the fact that ours is a life devoted to the "quest of knowledge" that will relieve the sick and suffering, I am sure we will have influence with the people and our efforts will not be in vain.

Advisory Committee on Hospitals (by Ezra C. Rich, chairman).—A meeting of the committee was held at the Alta Club, Salt Lake City, April 5, 1924, with the following members present: Ezra C. Rich, chairman; A. C. Behle, J. W. Hayward, J. W. Aird; also President J. R. Morrell and Secretary W. L. Rich of the State Medical Association.

After a discussion, Ezra C. Rich was appointed to meet with the Utah Hospital Association and represent the committee in any work thought necessary.

On April 25, 1924, Dr. Rich attended the annual meeting of the Utah Hospital Association and read a paper entitled "What Should Be Expected of the Small Hospitals." Mr. W. W. Rawson, President of the Association, was appointed to represent the Hospital Association and to work with Dr. Rich and the State Board of Health in an effort to make a survey of the small hospitals. This work is only begun.

We have sent to each hospital under fifty beds the following questionnaire:

Name of Hospital; How many beds in Hospital; Is a graduate nurse in charge; What equipment do you have in laboratory; Who does your laboratory work; What make of sterilizers used?

We have received several answers and believe with the help of the State Board of Health in the next year a complete survey can be made of the small hospitals of the state. We recommend that this matter be handled through the Utah Hospital Association and that every hospital be urged to join the Association and get the spirit of hospital improvement.

Committee on Professional Welfare and Ethics (by J. C. Landenberger, chairman).—During the past year there have been five malpractice suits tried at courts; four were won, one lost and there have been three or four compromised. There are about six pending. This is a substantial improvement over a year ago and if our earnestness in the matter continues it will only be a short time before the number of unreasonable malpractice suits dwindles to a minimum.

We deplore the fact that at present there is no way of getting definite and accurate information as to pending suits, because the doctor who is threatened sidesteps the question by keeping his affairs to himself and also because our organization is not functioning perfectly at this time, but we hope that in this regard things will continue to improve.

We strongly urge unlimited publicity among ourselves as to threatened or pending malpractice suits, for only in this way are we informed of the existing condition, which, in turn, is bound to produce better co-operation. There is absolutely nothing to be gained by secrecy.

We feel that the creation of the medico-legal committee is a step in the right direction and we recommend that every County Society in the State make such committee a permanent one. This has been done by the Salt Lake and Utah County Societies.

During the year we have bent our efforts, not only to create enthusiasm in every county society in the matter of wholesome ethics and protection from unwarranted malpractice suits, but also to have the medico-legal committee of the county societies work in close connection with the State Committee, so that more efficient and thorough co-operation may be had.

This committee aimed to have one evening on this subject during the year, with every County Society, in order to stimulate the necessary interest, but we somewhat failed in our purpose, having carried out such intention only with the Utah County Society.

We strongly recommend the advantage of extensive fraternizing, so that we may all of us know and become more friendly with our fellow practitioners. There is no doubt that friendliness between us will produce a stronger feeling of fellowship and will reduce professional criticism to a minimum, and we are satisfied that getting together socially more frequently will accomplish this purpose.

As to our Liability Insurance we consider the group principle of great advantage, and, as near as it is feasible, we believe this advantage will be further increased by the total membership of our state organization being insured in the one company. This will increase the amount of premium to the company to a point where they must be bound to do their utmost or lose the business and will also have a strong tendency to bind ourselves closer together.

Attached is a letter sent to every County Society by this committee which was intended as good propaganda.

Lastly, we wish to remind our fellows of the absolute necessity of good wholesome professional ethics at all times, as this is after all the essence of the situation of protection.

We believe it might be a good idea at some time during every state meeting for all of us to stand up and re-affirm our intentions of practicing strictly within the law and with sincere good fellowship and ethics toward each other.

(COPY OF LETTER)

Salt Lake City, Utah, May 13, 1924.

To the.....County Medical Society,
.....Utah.

My dear Mr. President:

The Committee on Professional Welfare and Ethics of the State Association is greatly interested in creating enthusiasm in every member of the State Association through its County Societies relative to protection from malpractice suits, also general ethics.

Malpractice suits threatened and pending are in shameful disproportion to the size of the medical fraternity in the State of Utah. Believing that the danger of the situation can be overcome in just one way, this committee proposes to make a continuous effort throughout the year to improve those conditions which always form the basis of malpractice suits. We are convinced that the ethics of the profession must be improved to a very high standard; that doctors must cease the practice of criticising former treatment or result to his patient; that we must be especially careful in such situations that our manner does not intimate or insinuate a disapproval of the treatment or the result.

We believe that better and more inimate acquaintance with each other will go a long way to produce a friendly feeling. New members coming into the County Societies should be introduced. The older members should make an effort to become acquainted with the younger men. We should fraternize extensively and become friendly with every member of the Society.

We urge that every County Society appoint a Medico-Legal Committee and at once advise the President of the State Association as to the personnel of that committee so that he can appoint one of its members to be on the State Committee of Professional Welfare and Ethics. Thereby every County Society will be represented.

We desire the Medico-Legal Committee of the County Society to be in close touch with all cases of discrepancy in their county. In order to accomplish this it is absolutely necessary for every physician who is sued or threatened with suit to notify the Medico-Legal Committee at once through the officers of his society. There is no reason for secrecy, as the greatest amount of protection will come from co-operation through the greatest number of physicians being familiar with the situation.

We ask the County Societies, through their representatives, to make a monthly report to the State Committee of all malpractice suits, either threatened or pending, in their county and in turn this committee will report monthly to every county society, so that no matter where we may reside we will be informed as to just what is going on in other counties through the medium of the State Committee which will act as a clearing house.

This committee feels that it should be the duty of every County Medico-Legal Committee to include in its jurisdiction all medical testimony in personal injury suits against corporations, as indiscreet testimony in many

of these suits only opens the way for new malpractice suits.

We advise the immediate communication to the first doctor of the patient's dissatisfacion as intimated or expressed to the second doctor. This is an act of common courtesy which the doctor should be pleased to extend to the physician formerly in charge.

Report of the Committee on the University of Utah Medical Department (by R. R. Hampton, chairman).—Your Committee has examined carefully the Medical Department from all angles, has visited and examined the Medical Building and all the rooms devoted to teaching and preparation, has interviewed the President, the Medical Dean and the teachers. The committee found the building adequate in construction and arrangement, for the number of students admitted. The attic which was being used for small animals, has, at their suggestion, been remodeled, and the teaching and experimental work is being carried on, on a larger scale.

The Anatomical Laboratory was plentifully supplied with material, and only four students were using each body. The physiological laboratory was in need of enlargement and supplies. The President appropriated the necessary money (about $6000) and it is now complete in every detail.

The Pathological Department contained a wonderful supply of rare and ordinary gross pathological material, but was lacking in microscopic material. This is now being remedied, the hospitals of Salt Lake County having offered from their great supply, any tissue the University may need in completing the necessary teaching material. This laboratory and the Bacteriological laboratory, and Chemical laboratory, are adequately equipped and well supplied. A convenient library and reading room has been supplied the students in the building, and this new feature is exceedingly well patronized and speaks well for the character of the students.

All suggestions of the committee to the President and Dean looking to the betterment of the Medical School have been heartily endorsed, and wherever possible have been carried out. The fundamental basic fault, if there be one, of our Medical Department, is lack of money. With money we can have full time teachers. There will always be friction between members of the profession and the medical school as long as part time men are employed. Any increase of appropriation can only be procured when the profession gets solidly behind the University and its needs.

In a careful examination of present medical requirements of twenty-two Class "A" medical schools in the United States, many interesting facts are brought out. First, Utah is one of four schools that requires a three year college course, the other eighteen require two years. The average is 2.3 years. Second, in order not to consume too much time, we submit the following figures:

In English the average requirement for the twenty-two schools is 9.7 hours; Utah requires 18. Modern Language, average 15 hours; Utah 25 hours. Psychology, average 12 hours; Utah 15 hours. The total average requirement in Chemistry is 20 hours; Utah 30 hours. Biology, average 10½ hours; Utah 13 hours.

It might be pertinent to say that when the committee was appointed about one-half of the members were opposed to the Medical Department and the other half knew very little about it. We are glad to say now that the committee are unanimous for the Medical Department, and earnestly feel that it merits and should have the whole-hearted support of the profession in this State—not just a mental support, but an active support. Send your sons and daughters here for the first two years and then finish wherever you choose. At one time our graduate students had difficulty in getting into a Class "A" medical school, but this has been overcome to such an extent that there are a hundred places waiting for our twenty-five students yearly.

Do you know that the medical profession are welcome to do any dissecting that they may choose, and that the entire laboratory and teaching staff is at their disposal in any medical research work they wish to carry on? The able work on Malta Fever was done here, and we are informed that at the present time three other research problems are under investigation by members of the profession.

We feel that the greatest criticism against the Medical Department has been the extension work; also we suggest that the University, before undertaking any further extension work, confer with the Committee from the State Medical Association. A suggestion is made to the University that extension work by that department be carried to the component county societies of the Utah State Medical Association, upon subjects indicated by the society.

The Committee earnestly recommends that we send our own children to the Medical School, that we advise any young man or woman who contemplates studying medicine, to take the first two years there, that we fell it a duty of the entire profession to visit the school and take a personal interest in it. The more we get behind the school the higher it will become, and the higher the plane of the medical profession will be in the State.

We suggest that it would be well for members of the faculty to take an active interest in our State meetings, that perhaps at times it would be advisable for the Department to present an exhibition, illustrating the work being done in the different departments of the Medical School. We further suggest that whenever any member of the faculty is presenting scientific papers in other societies, that the University send copies of the paper to the members of the State Association. Likewise, it would be in keeping with our present close relationship if the University would supply every member in the State an annual catalogue of the Medical School, and keep the profession informed as to the contents of the library.

The House of Delegates re-convened the adjourned session at 1:30, June 19, President J. R. Morrell presiding.

A letter from Franklin Martin requesting that the State Association endorse the Gorgas Memorial was read. An appropriate resolution was passed unanimously.

PROPOSED CHANGE IN AMENDMENTS TO THE CONSTITUTION AND BY-LAWS OF THE UTAH STATE MEDICAL ASSOCIATION

It is proposed to amend the Constitution and By-laws of the Utah State Medical Association, so that the calendar year shall be the fiscal year. As the By-Laws now read the fiscal year ends March 31, and it is proposed to have it end December 31. This will mean that all dues for the calendar year must be paid January 1 for that calendar year and all dues not paid by that time will constitute a suspension of the members on the rolls of the Association. The members may be reinstated by payment of dues at any time during the calendar year.

The present By-Laws provide that a member shall not be suspended before March 31, so that members are carried on a three months' period of grace. The American Medical Association has adopted the calendar year for its fiscal year and has advised the various State Associations to do likewise. This matter was referred by the last meeting of the House of Delegates to the Council for consideration and recommendation. The Council has considered and now recommend to the Association that such action be taken.

If the proposed amendment is adopted it will change the words in chapter 9, section 11, from "March 31 to January 1," and in the same paragraph, section 13 the words "on or before March 31" to "on or before January 1" in two places, namely, line 7 and line 13.

The above has been published in our official jour-

nal "California and Western Medicine" and is brought to the attention of the members for the last time and will now be considered by the House of Delegates.

After very considerable discussion it was moved by M. M. Critchlow; seconded by C. L. Shields, that the change in the Constitution and By-Laws as outlined above be adopted. The motion, with one exception, carried unanimously.

Adjourned Meeting of the House of Delegates, held at 8 a. m., June 20, President J. R. Morrell, presiding.

Roll call showed all officers and councilors present.

Delegates

Boxelder County, None; Cache Valley, 1; Carbon County, 1; Salt Lake, 11; Alternate, 1; Uintah, None; Utah, 2; Alternate, 1; Weber, 4.

Moved by D. C. Budge that Alternate F. E. Straup be seated in place of E. M. Neher as delegate from Salt Lake County, and that Alternate J. W. Aird be seated in place of Fred Dunn as delegate from Utah County. Motion seconded by C. L. Shields and carried unanimously.

COMMITTEE REPORTS

Report of Committee on Credentials (by Francis A. Goeltz, chairman).—Your committee appointed at the last annual meeting to submit suggestions for the presenting of credentials and the seating of delegates submit the following:

That an amendment to the By-Laws be made and known as sections 3, 4 and 5, chapter 4, House of Delegates.

Section 3. Each Delegate representing a constituent society, before being seated, shall deposit with the Committee on Credentials a certificate signed by the secretary of the constituent society stating that he has been regularly elected a delegate or alternate by that constituent society.

Section 4. A delegate whose credentials have been accepted by the Committee on Credentials and whose name has been placed on the roll of the House, shall remain a delegate of the body which he represents until final adjournment of the session and his place shall not be taken by any other delegate or alternate.

Section 5. Each constituent society shall certify to the secretary of the State Association not later than May 1st of each year a list of the duly elected delegates and a list of alternates in the order of their election. In the absence of a delegate at the first session of the House, the Credentials Committee shall appoint an alternate from the list as submitted above. Alternates shall be chosen in the order of their election.

That an amendment to the by-laws be made and known as Section 5, Chapter 8—Committees.

Section 5. A Committee on Credentials to consist of the President, the councilors and the secretary, to which shall be referred all questions regarding the registration and the credentials of delegates. They shall meet just before the first session of the House and shall present at the beginning of this session the roll of the House of Delegates.

President Morrell stated that the proposed changes in the Constitution and By-Laws as outlined in the report of the Credentials Committee would have to lay on the table until the next meeting of the Utah State Medical Association, and in the meantime would be printed as required.

Report of Committee on Medical Caduceus (by L. J. Paul, chairman).—The following report is respectfully submitted regarding the work done, and information received from the Medical Association regarding the use of the caduceus as an automobile marker.

"Unfortunately, the caduceus is not subject to copyright and the American Medical Association for that reason cannot have the automobile emblem copyrighted. There seems to be some question as to whether any modification could be made that would bring the emblem within the provisions of the copyright laws.

The American Medical Association takes every possible precaution to keep the automobile emblem which it sells for physicians' use out of the hands of any except registered physicians. Unfortunately, however, any manufacturer can make the emblem and several of them do so. It is unfortunate, too, that physicians are very negligent about the matter and frequently fail to remove emblems from their old cars when these are disposed of and new cars are bought. We are convinced that a number of emblems have fallen into the hands of undesirables in this manner.

We have tried earnestly to devise some plan by which the American Medical Association can provide an emblem for its members which can be so safeguarded that none but members can secure it. Up to this time, however, we have not been successful in this direction. It is to be remembered that an emblem that is for the use of members of only one society or organization cannot be recognized by the police as entitling its users to privileges that are not also extended to other persons. This question has been settled definitely in several cities and the police have always ruled that they cannot discriminate between physicians who are members of the medical society and physicians who are not. I hope, however, that we shall yet be able to devise some plan that will work satisfactorily for all concerned."

It appears to this committee that further action by the State Association will be of no avail inasmuch as the American Medical Association states that it is attempting to devise some plan which will work out satisfactorily.

Committee on Post Graduate Work (by R. O. Porter, chairman).—The committee has made rather careful investigation of the types of post-graduate work being offered in several states, either by the State Medical Association or through some well-organized medical school. It has investigated more particularly the post-graduate work conducted in the State of Pennsylvania through the Medical School of the University of Pennsylvania in conjunction with the State Medical Association, and the post-graduate work of the State of North Carolina. These two states are unquestionably leading out in the amount, type, and character of the post-graduate work given. They have well organized extension post-graduate courses conducted through the Schools of Medicine which reach out to practically every portion of the state and afford scientific and up-to-date instruction during several months of the year to all of the physicians of the state who care to avail themselves of the opportunity at a very minimum cost.

The advantages of this type of post-graduate work which carries the courses to the physicians permitting them at the same time to be at home and take care of their practice, has met with such popular approval that it is now an established institution. A recent report of the development of the post-graduate work in these two institutions before the conference on Medical education in Chicago was attended by the chairman of your committee and the thought has developed with the committee that Utah might well afford to look forward to the establishment of somewhat similar post-graduate work in Utah. The idea has met with almost universal approval and many states in the Union will no doubt in the near future carry advanced medical education into the remotest hamlets of their states where it is most needed and least accessible. Your committee is not prepared at this time to make definite recommendations as to the scope and development of post-graduate work in the State of Utah further than to recommend that this association adopt a policy which will look forward to the development of this form of advanced medical education and that whatever post-graduate work is

undertaken be so undertaken in conjunction with the Medical School of the University of Utah.

The Medical School is willing to proffer its assistance, its laboratories and equipment and all of its facilities to the furtherance and development of post-graduate medical teaching in Utah.

The contemplated post-graduate work for Utah for the coming year has been considered rather carefully by the committee and valuable suggestions have been received from a great many doctors of the state. It occurs to your committee that it would be advisable to offer this year a week of clinics and lectures by some well recognized authority in internal medicine and also a week of similar instructions by a recognized authority in surgery or one of the larger specialties, either pediatrics or gynecology, both courses to be conducted the same week.

The committee is at present communicating with the following doctors: Doctor Joseph Miller of Chicago; Doctor John A. Clark of Philadelphia; Doctor Tyce of Chicago and Doctor Clifford Grulee of Chicago, and it is quite probable that two of these men will be obtained.

The date for the post-graduate work has been set for the last week in August or the first week in September.

Your committee also feels that it is time to expand the post-graduate work into the field of laboratory clinical diagnosis and suggests that this year a course in laboratory technique and diagnosis be conducted in conjunction with the clinical course above referred to at the University Medical School. This course would have for its object the teaching of a condensed and practical way of the approved and latest methods in laboratory technique and the relationship of clinical and laboratory findings to correct diagnosis and therapeutics. It might well include such procedures as chemical and micro-urinalysis; the proper staining and examination of sputa; simplified blood analysis, including blood counting; examination of feces, exudates, trancidates, etc.

It is proposed to conduct a clinic at the hospitals during the forenoon hours and to conduct a laboratory course at the medical school during the afternoon hours, thus putting all of the work in the same space of time and making each day very much worthwhile to the doctor who is coming into Salt Lake City primarily for those courses of instruction.

Your committee believes that a week's program of this character will appeal very strongly to a great many doctors who have found the stress of a large practice to interfere with keeping up in their laboratory work and that it would appeal to a great many men from the standpoint of a course intended more or less to fully occupy their time. We believe that it can be made a course of great value to the average doctor, particularly to those who are not in close proximity of a well organized clinical laboratory and who have to do a great deal of their own laboratory work.

While it is in the nature of an experiment, we believe it is worth while attempting and that it can be conducted this year without any increase in registration fees and it would be our suggestion to continue the fee of $10, although the work offered will be two or three times as much as heretofore undertaken.

Reference Committee—C. L. Shields reported for the Reference Committee, recommending all the reports to the House for their consideration and acceptance.

Moved by E. G. Hughes, that the report of the Reference Committee be accepted. Seconded and unanimously carried.

After discussion President Morrell announced that the election of officers would be held at 1 o'clock today, by unanimous consent of the House of Delegates.

President Morrell stated that in the report of the Secretary the matter of a reduction in dues from $8 to $5 had been recommended; that the recommendation had been endorsed by the Reference Committee and should be voted on by the House.

Moved by J. R. Anderson that the dues be reduced from $8 to $5 per year as recommended by the Secretary. Seconded and unanimously carried.

R. R. Hampton brought up the matter of there having been no papers on "eye, ear, nose and throat" for two sessions, suggesting that as ten per cent of the profession were specialists in this line, some provision should be made to give papers of interest on this subject.

President Morrell stated that the Program Committee had met with the officers and council several times while the program was being arranged and as this was not taken up then, it was undoubtedly the result of an oversight. He recommended that the President-elect, Dr. Kahn, handle this next year, as he desires.

A. A. Kerr moved that the delegate to the A. M. A., representing the Utah State Medical Association, be allowed $150 toward his expenses, beginning this present year, and that the same delegate be sent year after year so he would be of some force in the House of Delegates. He stated that until a man had been in the House of Delegates of the A. M. A. a few years, he could not do much—that some of the members had been there as many as fourteen years, and those men are able to accomplish things.

Motion was seconded by M. M. Critchlow.

After considerable discussion, both for and against allowing $150 toward the expenses of a delegate to the A. M. A., motion was put and lost. Moved by D. C. Budge, seconded and carried, that adjournment be taken until 1 o'clock. Meeting adjourned.

Third Session, House of Delegates, Utah State Medical Association, 1 p. m., Friday, June 20.—Meeting called to order by the president, Joseph R. Morrell.

Roll call: All officers and councilors present. Boxelder County, 1 delegate; Cache Valley, 2 delegates; Carbon, 1 delegate; Salt Lake, 14 delegates, 1 alternate; Utah, 3 delegates; Uintah, none; Weber County, 3 delegates, 1 alternate.

The president announced that two alternates were present: D. E. Smith, in place of F. F. Hatch, and E. P. Mills, in place of A. Z. Tanner.

Moved by E. I. Rich that D. E. Smith be seated in place of F. F. Hatch, as delegate from Salt Lake County; and that E. P. Mills be seated as a delegate from Weber County in place of A. Z. Tanner. Seconded by D. L. Barnard and carried unanimously.

Hampton stated it was his understanding that if a committee had not finished their work (as in the case of the Post Graduate Committee) that their work ended automatically with the old administration.

Rich, the secretary, explained that it had always been customary to have a committee that has been working on anything that has not been finished, complete the work they started; that the incoming president retain that committee to finish their work.

R. O. Porter, chairman of the committee on post-graduate work, suggested that this be a recommendation always to the incoming president.

President Morrell announced that the election of officers would be the next order of business. He thereupon appointed J. P. Kerby, H. P. Kirtley and E. P. Mills as the tellers.

Secretary Rich stated that the following officers were to be elected: President-Elect, First Vice-President, Second Vice-President, Third Vice-President, Treasurer, Councilor First District (two-year term), Councilor Second District (three-year term), Delegate to A. M. A. (two-year term), Alternate to A. M. A. (two-year term).

President-Elect—D. C. Budge was nominated by E. I. Rich, seconded by E. G. Hughes. T. C. Gibson was nominated by J. C. Landenberger.

Root asked if it were allowable for a delegate to transfer his vote when he has to leave the House.

President Morrell stated that he had to be here to vote in person.

Ballot taken with the following result: D. C. Budge, 11; T. C. Gibson, 17.

Moved by D. C. Budge that the vote be made unanimous. Seconded and carried unanimously; whereupon the president announced that T. C. Gibson was elected President-Elect for the ensuing year.

First Vice-President—E. F. Root nominated D. C. Budge. Moved by H. P. Kirtley, seconded and unanimously carried that secretary cast the unanimous vote of the entire House for D. C. Budge as First Vice-President.

Whereupon the secretary cast the unanimous vote of the House of Delegates for D. C. Budge and the president announced that he was elected as First Vice-President for the coming year.

Second Vice-President—J. Cecil Clark of Provo was nominated. Moved by E. I. Rich that nominations close and that the secretary cast the vote of the assemblage for Dr. Clark as Second Vice-President. Seconded and carried unanimously; whereupon the secretary announced that J. Cecil Clark was elected Second Vice-President for the coming year.

Third Vice-President—R. R. Hampton nominated Charles Ruggeri of Helper. Moved by Tyndale, seconded and unanimously carried, that nominations close and that the secretary be instructed to cast the vote of the entire House for Charles Ruggeri as Third Vice-President. This was done and the president announced that Charles Ruggeri was the Third Vice-President, to serve the coming year.

Treasurer—T. A. Flood was nominated by E. F. Root. Steele moved that nominations close and that the secretary be instructed to cast the ballot of the entire House for Flood as Treasurer. Seconded and carried unanimously. Whereupon the president announced that T. A. Flood was elected Treasurer for the coming year.

Councilor First District (2-year term)—Dr. Hampton: "I had the pleasure of nominating Dr. W. Leroy Smith of Brigham City to act in place of Dr. Whalen who moved to California. I now place his name before this House as Councilor for the First District." J. C. Landenberger: "I move that the rules be suspended and that the secretary be instructed to cast the unanimous vote of the entire House for W. LeRoy Smith as Councilor from the First District." Seconded and carried unanimously. Whereupon President Morrell announced that W. LeRoy Smith had been elected as Councilor for the First District (2-year term).

Councilor Second District (3-year term)—E. G. Hughes: "I move that Hampton continue in office for the Second District." John Z. Brown: "I move the nominations close, that the rules be suspended and that the secretary cast the entire vote of the House for Hampton as Councilor for the Second District (3-year term)." Motion seconded and carried unanimously, whereupon President Morrell announced that Hampton would be the Councilor for the Second District for the next three years.

Delegate to A. M. A. (2-year term)—John Z. Brown: "I should like to nominate the present delegate, Neher." M. M. Critchlow: "I move the nominations close, that the rules be suspended and that Neher be elected by the unanimous vote of the House." Motion seconded and carried unanimously. Whereupon the president announced that Neher would be the delegate to the A. M. A. for the next two years.

Alternate Delegate to A. M. A. (2-year term)—E. F. Root: "I nominate the incumbent, A. C. Behle." M. M. Critchlow: "I move that the rules be suspended and that nominations close; that the secretary be instructed to cast the vote of the House for A. C. Behle as Alternate Delegate for the next two years." Motion seconded and carried unanimously, whereupon the president announced that Behle would be the Alternate Delegate for the next two years.

President Morrell stated that selection of a place to hold the next meeting was in order.

E. I. Rich moved that the next meeting be held in Salt Lake City. Motion seconded and carried unanimously.

President Morrell stated that this year the meeting had been held in June because it was possible to get the men that had appeared on the program at this time—some of them on their way from the Northwest Convention and others were already here in Logan at the National Summer School. He suggested that the time could be left with the Council and Program Committee, as it had been last year.

John Z. Brown suggested that during the summer months men of renown are running back and forth to the Coast and that during this time it is not difficult to get them to appear before the Association.

Landenberger moved that a rousing vote of thanks be given the Cache Valley Medical Society, the Committee in Charge of Arrangements and Entertainment, as well as the Agricultural College authorities for the splendid entertainment that the Association has enjoyed during this session. Seconded and carried unanimously.

A motion to adjourn, sine die, was passed unanimously.

GENERAL MEETING

Report of the Secretary to the General Meeting, following the last Scientific Session.

4:30 p. m., Saturday, June 21, 1924.

The House of Delegates held three meetings during this session of the Utah State Medical Association.

Reports have been given by all the officers and standing committees.

One new society (Boxelder County Medical Society) has recently been added to the Association, with eight members.

The dues of the Association were reduced from $8 to $5 per year.

The following officers were elected: President-Elect, T. C. Gibson; First Vice-President, D. C. Budge; Second Vice-President, J. Cecil Clark; Third Vice-President, Charles Ruggeri; Treasurer, T. A. Flood; Councilor, First District, W. Leroy Smith; Councilor, Second District, R. R. Hampton; Delegate to A. M. A., E. Manson Neher; Alternate Delegate to A. M. A., A. C. Behle.

The following, therefore, will consist of our officers for the coming year: President, Sol G. Kahn, Salt Lake; President-elect, T. C. Gibson, Salt Lake; First Vice-President, D. C. Budge, Logan; Second Vice-President, J. Cecil Clark, Provo; Third Vice-President, Charles Ruggeri, Price; Treasurer, T. A. Flood, Salt Lake; Secretary (2 more years), Wm. L. Rich, Salt Lake; Councilor, First District (2-year term), W. LeRoy Smith, Brigham City; Councilor, Second District (3-year term), R. R. Hampton, Salt Lake; Councilor, Third District (2 more years), E. G. Hughes, Provo; Delegate to A. M. A. (2-year term), E. M. Neher; Alternate to A. M. A. (2-year term), A. C. Behle.

Joseph R. Morrell, the outgoing president, spoke a few words of thanks for the support given him during the past year, and he thereupon turned his office over to the incoming president, Sol. G. Kahn, who stated that he had selected the following committees and chairmen:

Scientific Work—F. A. Goeltz, chairman; M. M. Critchlow, vice-chairman; L. N. Ossman, Wm. L. Rich, secretary.

Public Policy and Legislation—F. E. Straup, chairman; Fred W. Taylor, John Z. Brown.

Sub-Committee on Public Policy and Legislation—D. C. Budge, chairman; Eugene Smith, Walter Ellerbeck, F. R. Slopansky, W. H. Rothwell, Wm. H. Donoher.

Arrangements—H. P. Kirtley, chairman; C. F. Pinkerton, J. J. Galligan.

Transportation—Warren Benjamin, Chairman; T. W. Stevenson, Foster J. Curtis.

Education and Post-Graduate Work—Frank B. Steele, chairman; W. R. Tyndale, Martin C. Lindem.

Health and Public Instruction—R. A. Pearse (five years).

Advisory on Hospitals—E. M. Conroy (five years).

Industrial Medicine—A. A. Kerr, chairman; D. K. Allen, John F. Critchlow, L. F. Hummer, M. M. Nielson, S. D. Calonge, E. D. Hammond.

Necrology—Wm. F. Beer, chairman; F. M. McHugh.

Professional Welfare and Ethics—J. C. Landenberger, chairman; E. F. Root, R. W. Fisher, E. R. Dumke, S. C. Baldwin, J. W. Aird.

Advisory Committee, Medical Department, University of Utah—R. R. Hampton, chairman; F. A. Goeltz, Clarence Snow, D. C. Budge, E. G. Hughes, H. G. Merrill, J. C. Landenberger, W. G. Schulte, E. F. Root, H. P. Kirtley; J. P. Kerby, C. E. McDermid, Homer Rich, Joseph R. Morrell, T. C. Gibson (president-elect), Wm. L. Rich (secretary), Sol. G. Kahn (president).

Editor—J. U. Giesy.

Associate Editor—Wm. L. Rich.

The following was presented by President Joseph R. Morrell and received the hearty endorsement of the entire assembly:

"June 21, 1924.

The Utah State Medical Association has been received very kindly in this city and every courtesy has been extended. The comfort of our members and guests has been given every consideration and everything needed to make our scientific program successful has been gladly done.

The House of Delegates passed a resolution thanking the Cache Valley Medical Society and the various committees of that society, as well as the Agricultural College authorities, for the splendid entertainment that the association has enjoyed during this season.

We take this opportunity to again express our thanks to the Cache Valley Medical Society, and to D. C. Budge, chairman of the entertainment committee, for the splendid meeting place and the excellent entertainment that has been provided.

JOSEPH R. MORRELL, President,
WM. L. RICH, Secretary."

Minutes of the Salt Lake County Medical Society Meeting, June 25, 1924 (reported by M. M. Critchlow, secretary).—A special meeting of the Salt Lake County Medical Society was held at the Medical Building, University of Utah, on June 25, 1924. Meeting was called to order at 5:10 p. m. by President A. A. Kerr. Seventy-seven members and visitors being present.

President Kerr introduced Prof. Leonor Michoelis of Nagoya, Japan, and then introduced Prof. Von L. Aschoff of Freiburg, who read a most interesting paper on "Atherosclerosis," illustrated by lantern slides.

T. A. Flood kindly took stenographic notes of the lecture.

Meeting adjourned at 6:05 p. m.

"It is comparatively easy for men to believe in the possibility of what they earnestly desire to see accomplished, and easy to persuade them that a highly vaunted remedy will do what is claimed for it, and no one better knows this fact than the professional uplifter who has a reform to sell to a generous and credulous public."—J. H. Beal, in address to National Association Retail Druggists.

Nevada State Medical Association

HORACE J. BROWN, M. D., Reno.....President
CLAUDE E. PIERSALL, M. D., Reno.....
Secretary-Treasurer and Associate Editor for Nevada

PROGRAM OF THE TWENTY-FIRST ANNUAL MEETING TO BE HELD SEPTEMBER 12, 13, 14, BOWER'S MANSION (20 MILES SOUTH OF RENO) NEVADA

Officers

Horace J. Brown, president, Reno; William M. Edwards, first vice-president, Yerington; A. C. Olmstead, second vice-president, Wells.

Trustees—A. C. Olmsted, W. A. Shaw, A. P. Lewis.

Delegate to A. M. A.—Horace J. Brown; alternate, J. LaRue Robinson.

Committees

Membership—C. W. West, Hal L. Hewetson, B. Brown.

Judicial—M. A. Robison, Donald Maclean, R. A. Bowdle.

Scientific Work and Program—J. L. Robinson, A. P. Lewis, E. E. Hamer.

Necrology—V. A. Muller, S. R. Clark, G. L. Dembsey.

Council—C. E. Swezy, A. J. Hood (Elko), R. R. Craig, O. Hovenden, J. West Smith, D. A. Smith, S. K. Morrison, C. C. Bullette, C. H. Lehners, C. C. Blake.

Entertainment—S. K. Morrison, W. L. Samuels, J. L. Robinson.

Public Health and Education—Henry Albert, W. A. Shaw, M. R. Walker.

Military Affairs—The president, vice-presidents, and secretary.

Friday, a. m., September 12, 1924

1. L. M. Boyers, Berkeley, California. "Human Amebiasis as a Disease Entity."
2. Henry Albert, Reno, Nevada. "Amebic Dysentery from Laboratory Standpoint." Discussion of No. 1 and No. 2 by H. L. Hewetson, I. J. Sellers.
3. A. Huffaker, Carson City, Nevada. Subject unannounced.
4. James T. Watkins, San Francisco, California. "Orthopedic Surgery." Discussion by W. B. Coffee, R. A. Bowdle, Donald Maclean.
5. Cullen F. Welty, San Francisco, California. "Mastoid Surgery." Discussion by J. A. Fuller, D. L. Shaw, J. L. Robinson.
6. M. R. Walker, Reno, Nevada. "Acne." Discussion by Albert Soiland, W. N. Kingsbury.

Friday, p. m., September 12, 1924

7. Leo P. Bell, Woodland, California. "Bantis Disease from Medical and Surgical Aspects." Discussion by E. P. Sloan, W. E. Stevens, A. P. Lewis.
8. E. P. Sloan, Bloomington, Ill. "Goitre." Discussion by V. A. Muller, G. J. Bergner, T. W. Bath.
9. William E. Stevens, San Francisco, California. "Some Interesting Urological Cases in Women and Children." Discussion by B. Caples, V. A. Muller.
10. W. H. Brennen, Eureka, Nevada. Subject unannounced.
11. W. H. Riley, Gold Hill, Nevada. "Problems of the Industrial Surgeon." Discussion by Donald Maclean, R. R. Craig, W. M. Edwards.
12. George Carr, D. D. S., Reno, Nevada. "Relation Between the Dental and Medical Professions." Open Discussion.

Saturday, September 13, 1924

13. Albert Soiland, Los Angeles. "Radiologic Treatment of the Leukemias." Discussion by M. R. Walker, A. J. Hood (Elko).
14. Howard Naffziger, 291 Geary Street, San Francisco. "Resume of Recent Advances in the

Diagnosis and Treatment of Surgical Conditions of the Nervous System." Discussion by R. H. Richardson, G. L. Servoss, A. F. Adams.

15. G. J. Bergener, Southern Pacific Hospital, San Francisco. Subject unannounced.

16. W. B. Coffee, Southern Pacific Hospital, San Francisco. Subject unannounced.

17. John Tees, Reno, Nevada. "Acute Primary Pyelitis in Infancy." Discussion by A. Huffaker, Carl McPheeters.

18. V. A. Muller, Reno, Nevada. "Goitre Classification and Treatment." Discussion by E. P. Sloan, W. H. Brennen, W. A. Shaw.

19. G. Carl McPheeters, Fresno, California. "Obstetrics." Discussion by John Tees, A. B. Spalding, A. Huffaker.

Sunday, September 14, will be devoted to trips to Lake Tahoe and elsewhere. Ladies cordially invited.

Nevada State Medical News Items (reported by C. E. Piersall, secretary)—There were five members of our State Association who attended the American Medical Association at Chicago, June, 1924. The four whose names we have are: S. K. Morrison, Reno; W. H. Brennan, Eureka; Henry Albert, Reno; G. L. Belanger, Austin.

Dr. Angus Smith of Mina, Nevada, is on a three months' trip to Europe.

Dr. M. M. Carmichael, of Nixon, Nevada, has been transferred to the Indian Service in South Dakota. His station at Nixon is now filled by Dr. W. L. Shock of Schurz, Nevada.

Dr. H. J. Brown, the president of the Nevada State Medical Association, appointed Mrs. S. K. Morrison as a delegate to the Ladies' Auxiliary, to the 1924 American Medical Association. Mrs. Morrison accompanied Doctor Morrison, who was alternate delegate for the Nevada State Medical Association.

Dr. and Mrs. M. R. Walker returned July 10 from a month's trip to the Hawaiian Islands.

A special meeting of the Washoe County Medical Society, Reno, at the Reno Chamber of Commerce, will be called some time this month. Dr. Hugh Berkley, of Los Angeles, will talk on "Pediatrics." The next regular Washoe County Medical meeting will be the second Tuesday in August.

Localization of Spinal Block by Means of Iodized Oil—In a case cited by Ethel C. Russel, Philadelphia (Journal A. M. A.,) in view of the fact that (1) the history was not unlike that of a cord tumor without pain but with motor symptoms at onset, (2) the helplessness of the patient with incontinence, and (3) the negative evidence of any other disease (the establishment of a lesion causing a spinal block or proof of its absence was most desirable. Accordingly, 2 c. c. of iodized oil was introduced into the cisterna magna, and roentgenograms were taken of the thoracic spine. On roentgen-ray examination the impervious material was seen opposite the body of the fifth dorsal vertebra. Following the injection, there was slight pain in the distribution of the seventh cord segment and localized sweating over adjacent vertebrae. Both of these phenomena disappeared during the second twenty-four hours after injection. The patient had no convulsion, rise of temperature or any other abnormal clinical manifestations. The conclusion was thus made of an obstruction at the fifth dorsal vertebrae or seventh thoracic segment of the cord, and surgery was recommended. Laminectomy was performed and a tumor was removed at the level indicated. The tumor was located on the anterior surface of the cord, intradurally, and was approximately 4 or 5 cm. in length. The gross appearance was that of a fibroma. Although exceedingly friable, it was readily separated from the cord, with no evident injury to it.

BOARD OF MEDICAL EXAMINERS

Proposed Amendments to Medical Practice Act—The Law and Education Committee of the Board of Medical Examiners presented a report at the May meeting and embodied therein a recommendation that section 14 of the Medical Act be amended at the next Legislature by adding a new subdivision which will provide as a cause of revocation, the issuance of fraudulent diplomas, certificates, credentials, etc., by an individual holding a certificate under the Medical Practice Act.

It was also decided to add another subdivision making commitment to an asylum for the insane, grounds for revocation of a license with the understanding that restoration of the certificate will be made when the licentiate has been declared sane.

California urgently needs some statute that will curb the incorporation of "sundown" professional schools.

For several years a so-called medical school incorporated under the laws of our State by a licensed physician and surgeon, has been scattering questionable medical diplomas throughout the United States. In many instances those who obtained these M. D. degrees have never been in California.

For eleven years the Board of Medical Examiners of California has endeavored to put a stop to this irregular procedure, made possible by lax laws. On the eve of threatened prosecution, this institution disincorporated.

Although the hollow mockery of official disincorporation was enacted in June, 1918, apparent conclusive evidence now exists that one or more officials of this defunct (?) medical college are reaping an abundant financial return through the sale of fraudulent credentials as well as diplomas intended to show attendance or graduation from said institution.

The alleged owner who, 'tis said, is the central figure in this nefarious scheme, is reported as a resident member of one of the exclusive clubs of Los Angeles, and poses as a man of leisure, spending much of his time at golf. With diplomas quoted for sale at $150 each, it is easy to imagine that much "leisure" time may be required.

The finger of scorn is pointed at California by those interested in the maintenance of honesty of purpose in medical education, and derision heaped upon us for our lax laws that permit such a condition to exist, hence the Board of Medical Examiners is deeply interested in legislation to correct the existing evil.

The Treatment of Mastitis—M. Pierce Rucker, Richmond, Va. (Journal A. M. A.), states that the prophylactic treatment consists of commonsense and cleanliness. It should start at the very beginning. After the breast becomes inflamed, treatment depends on whether or not pus be present. Abortive treatment consists of rest in bed, a tight breast binder supporting the breast up on the front of the chest, and either ice or hot water bags. Rucker prefers the ice bag, as it seems to relieve the pain more completely. When pus forms, it should, of course, be evacuated. Rucker makes a stab incision, and institutes Bier's hyperemia. Gardiner's treatment shortens the course of the disease considerably. Small abscesses can be made to heal within a week. In a considerable number of the cases a small sinus forms along the needle track after two or three days. When this occurs, Rucker has resorted to Bier's hyperemia to empty the abscess cavity, believing that it not only empties the cavity better, but also washes it out with fresh blood, and collapses its walls. The pressure binder is kept up just as Gardiner recommends. More recently, after making the puncture and aspirating the pus, he has filled the cavity with a 2 per cent solution of mercurochrome = 220 soluble, and then aspirated that before applying the pressure binder.

Medical Economics and Public Health

More About That "Health Survey" of San Francisco—In the June number of CALIFORNIA AND WESTERN MEDICINE, the report of a "survey" made by Haven Emerson and Anna C. Phillips of San Francisco's social and health service facilities was commented upon.

We will now take up a more leisurely and detailed analysis of this remarkable document:

> "With few, if any, of the inconveniences or hazards of industry to handicap its citizens, San Francisco faces," etc.

Statements like this and similar ones elsewhere in the report may be attended to by the business interests of the community if they believe them of sufficient importance. They are introduced here merely to indicate the unreliability of the surveyor's alleged facts.

> "The widespread unfamiliarity of its San Francisco people with the means of self-protection and lacking information based on modern biological science, upon which the development of sturdy, vigorous bodies and the training of alert and well-balanced minds and nervous systems depend."

We can only understand this statement by assuming that the surveyors' philosophy is that "they whom the gods intend to destroy they first make mad." The criticism of the law, organization and management of the San Francisco Hospital as a department of the city and county board of health and their recommendation that this and the other hospitals should be placed in the hands of a special board of trustees is a matter which already has been carefully considered by persons fully as capable as these surveyors and abandoned for reasons that they apparently did not discover during their hurried visit.

We challenge these surveyors to point out a public municipal hospital organized under their scheme anywhere that is superior to the San Francisco Hospital in any particular essential or that can compare favorably with it as a whole. It is impossible to understand the stupid statement contained in the survey that the San Francisco Hospital is "a negative function so far as modern public health work is concerned."

The survey mentions some, but not all, of the other functions of the health board and says they "are probably" as effective as funds will permit. A reorganization of the health board's work is recommended along the lines of certain other cities, where reliable reports show there is more trouble than San Francisco has and where criticism may be made should one care to offer it.

The surveyors suggest as a bait to our efficient health board that if they will follow their suggestions "it is probable that the force of public opinion and the powerful influences of the private health agencies of the city would soon be so strong in support that adequate appropriation would be obtained."

In general, the survey consists in carping criticisms of the health board and offers platitudes to improve them. Some of our physicians believe—and several references in the survey tend to support the belief—that the real trouble with San Francisco's health board is that all but one member of our public health board, including its executive officer, are physicians who always have opposed and still oppose compulsory health insurance and other forms of paternalism in medicine. All persons who are active in extending the movements of paternalism in medicine and placing the control of medicine, including public health medicine, in the hands of non-medical persons will, of course, thoroughly approve of the recommendations made in the "survey."

> "Protection against diphtheria by the widespread demonstration of toxin-antitoxin immunization of young children (at 2 years of age) requires additional medical and nursing personnel and an expansion of educational efforts."

Thus the survey makes another characteristic criticism of the physicians and nurses of the city and county. It ignores the essential facts regarding the incidence of diphtheria. It deliberately avoids the fact that, although a great seacoast city, a railroad, motor road and steamship terminal, San Francisco neither has, nor can have, a serious epidemic of diphtheria. The survey ignores the generous space allotted with great frequency by our newspapers to public information prepared by physicians, health bodies, civic organizations and schools. This to a degree not surpassed anywhere either in quantity or quality of effort. The report either purposely, or ignorantly, ignores the well-known fact that there are enough educated physicians willing to give the protective treatment against diphtheria to serve all the children there are in the city within three hours. They are willing to do it for a fee from those who should pay and for nothing for those who should not pay. They have been, and are constantly engaged in this service in their offices, hospitals and clinics as a routine matter.

Of course this effective work of physicians in their private capacities and in co-operation with other physicians forming our health board and with many excellent clinics and hospitals would be condemned by those persons who want to see medicine operated as a government bureau.

> "Protection of maternity and childhood is seriously hampered by lack of personnel to supervise midwives," says the survey.

The people who are licensed by the state to practice this most difficult speciality of medicine are physicians, chiropractors, osteopaths, drugless healers and midwives. Why did not the survey inform us as to which of these groups should do the supervising? And if any group except the educated physicians were implied, why tell us who should supervise the supervisors? Of course, midwives are incompetent to practice obstetrics, as all fair-minded, intelligent persons will admit. If the survey wanted to criticize intelligently, why did it not make recommendations that would require a change in existing laws? There was no hesitation in making other recommendations that would require modifications of existing law more difficult to secure than it would be in this instance. Judging from what is being done in some of those centers that the suyeyors use to make invidious comparisons with to the discredit of San Francisco, it seems fair to assume that what they had in mind was to have midwives supervised by those who are themselves unlicensed to practice, and while rendering excellent and commendable service in the fields they have been educated to fill, are nevertheless incompetent in the practice of obstetrics.

> Protection of maternity is furthermore "seriously hampered," according to the survey "by lack of personnel to offer prenatal instruction, to examine children of pre-school age and to provide a thorough medical inspection of children in school and in industry."

This statement is deliberately challenged as being untrue. It is true that certain classes of salaried personnel are practicing medicine less widely in San Francisco than they are in some other large cities. It is not a fact that there is any shortage of the class of people who by education, training and licensure should give this medical advice and make these medical examinations of school children, babies or other citizens.

> The survey commends the fact that "laboratory service and food, milk and dairy inspection are suitably provided for."

Our board of health and other physicians feel that the laboratory service needs additions, that would make it more readily available to all classes of poor people, whether ill in their homes, ambulatory or confined in a hospital.

The "survey" criticizes plumbing and housing inspection because it is done by the board of health instead of a building department. It says the service as rendered by physicians and technicians working under medical supervision "contributes little to the health of the community."

> "Health education is wholly unprovided for and in this appears the most striking inadequacy of public service by the Board of Health."

This statement is challenged as being untrue. Much of the best sort of health education is being carried on and there is too much also of the wrong kind. The trouble with the surveyors is not so much that it is not being done, but that it is not being done by the people they think should do it, nor in the way they think it should be done. There are many ideas of what constitutes health education, who should teach it and what should be taught and by whom controlled. The survey carefully avoided being specific about this important matter. Of course, the surveyors did not stay long enough on the ground to learn very much about the actual conditions, as is so painfully apparent in many places in the report. But it is difficult to understand how they failed to find out that the city school department has a full-fledged health education department and that they maintain a school for health teachers. They must have had time to find out that all of our newspapers carry health education columns. some edited by medical organizations and others provided by writers from other centers. Several civic organizations, such as the Association of University Women, various women's clubs; the two medical schools and our universities give instruction in health. There are also many other organizations and persons engaged in the work. We do not hesitate to state that there is more "health education" in California reaching a higher percentage of people more constantly than in any other state. More of this "education" is authoritative than it is in most places. Much of it is useless and some of it dangerous, we are ready to admit, but we doubt if we have more of this class than is being fed out by the ton in some of the pet cities used in the survey by way of comparison.

If the surveyors meant to infer, as apparently they did, that all "official" health education should be taken away from the board of education and given over to the board of health, we are ready to agree with them to the extent that it might be an improvement over present conditions, but there is nothing in unbiased reports of experiences elsewhere to warrant the conclusion that either plan is to be highly commended.

Some one has yet to devise a definition of what "health education" should include and a feasible plan of making it available within such bounds that the majority of educated physicians will approve.

This analysis will be continued next month and monthly thereafter until the answer to this unfortunate "survey" is complete.

About Medical Leadership—The address of Ray Lyman Wilbur, as retiring president of the American Medical Association, was referred to the Committee on Reports of Officers. After careful study, the committee made the following report which was adopted by the House of Delegates:

"The extemporaneous address of President Wilbur has been referred to this committee. The address has been carefully considered, and the committee begs to commend it most highly. It deals with two problems of supreme importance, both to the medical profession and to the public it serves. Truly, 'Great forces are stirring in every part of society,' and medical and public health problems are seriously involved. As pointed out by the President, it remains to be seen whether the medical profession will secure to itself the leadership in the advances and extensions that are being made, as the telephone companies appear to have done, or whether it will remain behind the times and expend its energies in vainly attempting to stem the tide, as the railroad companies evidently have done. We treasure individualism in medicine, and if our high purposes are to be carried out and ideals realized, there must never be bureaucracy in medicine, nor must there be interposed between the physician and those whom he would serve any intermediator whatsoever. In this particular we beg to quote the words of the President:

"'The fund of information is there. We stand between that information and the public. It is our problem to provide for its distribution. If we make those provisions wisely, if we meet the situation, then we will retain the mastery; if we fail, education has reached such a level that others will begin to demand that there be a distribution of this information available to the human race and we will lose our position of mastery. I have confidence that we will maintain it.'"

Hold Steady—"In this day of excitement, of restlessness, of dissatisfaction, of grasping for the luxuries of life the medical profession must exercise extraordinary care that the general trend of the times does not draw it into the whirlpool of desires to the debasement of its time honored and time respected ideals and convert its professional idealism into business acumen and trades union selfishness," says Doctor George Edward Follansbee (Ohio Medical Journal). "Respect for self and respect for our profession demands that our service be adequately recompensed but we must be ever mindful that the fees which we exact should also be commensurate with our patient's ability to bear financial burden and that the over-burdening of the patient with professional charges is a large factor in driving a proportion of our population into the care of clinics and welfare associations to the patients' degradation as being grasping and the profession's reproach as debasing its high ideals. More and more is the practice of medicine invaded by governmental, social and welfare organizations to the ultimate harm, as we believe, not only of the profession but also the people, and commercialism on the part of the individual doctor will promote that movement which we recognize as a menace."

Kings County (N. Y.) Medical Society—The trouble between the New York State Medical Association and the Kings County Medical Society is not our affair and we do not propose to comment upon it. One outgrowth of the controversy has been a statement by the president of the Kings County Medical Society of what they are doing, that should be stimulating to other large county medical societies.

President Gordon in speaking of their position and doings says:

"1. We own and operate our own beautiful building, which is a credit to the city, and the medical profession.

"2. We maintain, with the highest dues in the state a library of 100,000 volumes, one of the largest medical libraries in this country.

"3. Our postgraduate educational movement is attracting nation-wide attention and favorable comment from prominent educators everywhere.

"4. An active Public Health Committee is constantly at work in the civic field.

"5. Our Committee on Illegal Practice has secured results which it is admitted, no other County Society in the state could effect. Mr. Whiteside has called this 'a signal accomplishment.'

"6. Co-operating with the Brooklyn Health Exam-

ination Committee, we are planning periodic health examinations on a scale never before attempted.

"7. To our Press Reference Committee, the managing editors of the newspapers of Brooklyn promise their earnest co-operation.

"8. We have many more civic contacts with big business, the Health Department, the Department of Public Welfare, and the voluntary health agencies."

Amount of Sickness Among School Children—Doctor G. E. Harmon and Mr. G. E. Whitman have recently published (Public Health Reports) some interesting data about absenteeism because of sickness among the school children of Cleveland.

Their calculations were made upon the basis of the maximum possible "school days" for the school year. The 1611 pupils studied had a total possible of 215,256 "school days." 1036 lost 6352 days because of sickness. Respiratory infections (colds, sore throats, bronchitis, etc.) caused 45.4 per cent and measles, scarlet fever and chicken pox 32.8 per cent of the absenteeism. Total days absenteeism because of sickness was 297 per possible 10,000 school days. Approximately 45 per cent of these children had no medical attendance; about 42 per cent were attended by educated physicians and about 23 per cent were cared for by various inadequately educated groups of practitioners.

Hygiene and Sanitation—Hygiene and sanitation have been required studies in all public schools in New York State for thirty years, says the New York State Journal of Medicine editorially. A whole generation of people has grown up under that teaching system, and the people know sanitation as poorly as ever. The reason for the ignorance is plain. A few moments of classroom instruction are entirely neutralized by hours of observation and use of unsanitary devices. The impression is that the classroom teaching is designed for a few delicate ladies, and that sanitation is of so little use that it is not worth observing in the school.

Hospital Betterment—At a recent meeting of a state committee, at which standardization matters were being discussed, says Norhwest Medicine, the representative of one of the hospitals reported that his hospital had classified its surgeons into three groups: major surgeons, senior group; major surgeons, junior group; and minor surgeons, and had categorically classed all other men as practicing general medicine. This seems to be the outstanding example of understandardization, leading to the neglect or actual detriment of general medicine.

Many phases of standardization are a mere sham, put on to get a rating by a set of inspectors who investigate surgical matters reasonably carefully and neglect entirely to look into medical and laboratory matters. Much of our seeming improvement is comparable to the knowledge of a man who is preparing himself for examination by cramming.

Another state of affairs that is a sham is that of fee-splitting. None of the hospitals of our acquaintance is doing anything to actively combat this practice. The prevalence of fee-splitting has been lessened but little. It has been modified, perhaps, in being less flagrant but more cunning, since hospital standardization has been inaugurated.

Is General Practice Declining?—The "sob stuff" that we read about the decline of general practice and the rapid disappearance of the general practitioner, says the Atlantic Medical Journal editorially, emanates principally from the big cities, and in them it is true that the specialist is much more prominent than is the general man, although the latter, though quiet in his work, is very far from being extinct. There are entirely too many crocodile tears being shed over the disappearance of the old family doctor. He has not disappeared; he has simply become wise to the economic situation and modernized his way of doing things.

As a matter of fact, the country doctor of today differs little from his city colleague. Perhaps there are more city men feeling financial stress than there are in rural and semi-rural sections.

The overhead expense of medical practice, like the overhead in everything else, has gone up; and the practitioner must meet it by doing a more profitable business. The way that is done these days is not merely by charging more for drugs furnished and visits made, but by doing a lot of things requiring skill and expensive appliances. Specialism has not decreased the need for the service of the general practitioner; it is just the opposite, for specialism has taught the general man to do a lot of effective things our forefathers did not do.

There is too much stress laid on specialism. Every successful doctor must specialize somewhat in emergency surgery, in obstetrics and in diseases of children; and most of them are very technically able men in these very lines. Then, too, the successful country doctor must have quite a range of laboratory appliances and know how to use them. The medical directories list about 150,000 physicians in the United States, and they list the specialists separately. Doctor, look up the directories and you will promptly conclude that the overwhelming bulk of the profession are in general practice. Yes, large numbers of these general men give special attention to some one line of work, but the bulk of their work is general practice.

The general practitioner has changed from what he was even ten years ago; he is an educated gentleman of technical training and ability, and he knows perfectly well that he must be a better trained man than was his predecessor. The young graduates do not have any "corner" on this technical ability, for the older men have kept up, just as the older contractors, engineers, mechanics and merchants have done.

Medical Protection—Discussing this subject editorially the British Medical Journal says in part: No practitioner is safe against becoming involved in very costly litigation arising out of his practice, and no amount of care and skill can render him immune against attack by unscrupulous or wrong-headed persons. Yet at a trivial cost protection can be obtained, and it is to be regretted that there are several thousands of practitioners who have not yet availed themselves of this line of defense. The London and Counties Medical Protection Society, one of the principal defense organizations, held its annual meeting of members recently, when the Council submitted a report of a successful year's work, including a steady increase in membership and financial resources. During the year 1923 the number of applications from members asking for advice and assistance was 662 as compared with 645 for 1922 and 465 for 1921. The results of cases in which litigation occurred were satisfactory, but in the great majority of cases settlement was obtained without litigation.

The experiences of the Medical Defense Union and the Medical Protection Society alike show that the questions and appeals arising from the National Health Insurance Regulations are markedly on the increase, and the solicitors to the Society warn panel practitioners thus: "The authorities, it would seem, are demanding from panel practitioners almost academic adherence to their terms of service and medical benefit regulations, and panel practitioners cannot be too careful in their strict adherence to them, as otherwise they may find that through a purely technical breach they are penalized in a substantial amount."

In the event of any trouble members should inform the Society immediately, as the Society has in many cases been embarrassed in its efforts on a member's behalf by the matter coming to its notice when the position had already been complicated by unwise action on the part of the member. A large number

of charges of negligence and unskillfulness are dealt with by the Society for its members every year.

The report contains much useful and helpful information and advice on the subjects of libel and slander, medical ethics, National Health Insurance, professional secrecy, medical fees, as well as on difficulties which may arise between partners or between principals and assistants. The numerous cases quoted go to show how many and varied are the trials of the practitioner, and how, essential it is that he should adequately safeguard himself.

No Need of Doctors' Speeding—"For a long time there seems to have been a common notion among people not doctors that a certain amount of boorishness, professional bad manners, and often downright insolence is a necessary part of the medical man's equipment," says Doctor Robert P. White, New York Tribune. "Consequently many physicians, particularly the younger ones, affect a manner of arrogance and studied discourtesy often mistaken for dignity and as marks of great ability. There isn't a single plausible excuse for giving any private practitioner of medicine the same right of way as ambulances, fire apparatus and patrol wagons. There never was a time in the life of any private practitioner when he could not make all the time necessary and at the same time conform to traffic regulations."

The Cures That Have Failed—James J. Walsh, (Ill. Med. Jour.) in discussing this subject points out that to cure is to restore people to health, but the meaning of the word cure has been changed in the course of the last generation. *Cura* in Latin meant orginally to care for and that is what we physicians propose to do for patients. But cure has come to mean bringing about recovery from disease. There is in human nature a definite tendency to degeneration and we begin to die from the moment of our birth on and "life is a dangerous thing at best," as an Irish friend of mine says, "and very few of us get out of it alive," so the doctor cannot be expected to make people as good as new.

Osler liked to quote old Dr. Parry of Bath in that well known expression of his, "It is much more important to know what sort of patient has a disease than what sort of disease the patient has." After all we all recognize very well that when we are called in to see a patient suffering from a disease, let us say pneumonia, it is much more important as a rule if the man is at all on in years, that is beyond middle life, for us to know what he takes into the pneumonia with him than what sort of pneumonia or how much pneumonia he has. If he had scarlet fever when he was younger and developed glomerular nephritis as a result and now bears in his kidneys the results of that in the shape of a Bright's disease we will not be able to do very much with him in his pneumonia. If he has a crippled heart, the result of rheumatism when he was younger, or a typhoid fever in adult life, he will probably die on the sixth or seventh day from exhaustion.

Osler used to say that he thought that every physician ought to read some Hippocrates every year so as to learn how to observe his patients.

The young man who had been a student of Trousseau's came to ask him, "They tell me I have consumption. Do you think I ought to take that new remedy that is curing so many consumptive patients?" And Trousseau replied, in words that ought to be in the note-book of every physician, "Oh yes, and take it now while it cures because after a while it will be found not to cure and then it will do you no good."

The history of medicine contains a series of very precious lessons for the modern physician if some of these incidents of the past will only serve as warnings against present day fads in therapeutics and enable us to understand just why it is that the quack and the charlatan succeed so well with a great many patients. Without knowing it they are applying the remedy of favorable suggestion, but why should not the regular physician do the same thing, only do it consciously and be taught how to do it properly? He will not cure cancer nor pneumonia nor typhoid fever nor any other tissue disease, but he will cure the psychoneuroses, that is the hysterias, and they can masquerade as almost any affection in the category of disease.

An Important Medical Problem Well Stated—"Welfare and socialistic movements, based as most of them are in whole or in part on an expressed or implied anxiety for the health or development of the individual, depend largely for their success on the association of the physician with their work," says Doctor George Edward Follansbee (Ohio Medical Journal.) "For the members of the profession to decline to participate in such activities on the ground that they are an invasion of the doctor's private work and are harmful to his practice would be beneath that high plane of our ethics that places the general physical welfare of the people above our pecuniary desires. But it may well be considered by thinking men, whether the superficial and apparent betterment produced by many of these agencies does not at the same time produce a hidden and insidious ill effect far overbalancing the good achieved, in the general lowering of that moral stamina of the people that comes from the lack of individual endeavor, and dependence on others to do for them what should be done by themselves: and whether the acceptance at the hands of government or society of assistance for which no payment is asked does not tend to breed a class of beggars or dependents dangerous to the ideals of personal endeavor, personal independence, personal liberty that has made our country what it is, or at least what it was until the wave of charity welfare flooded it. We speak of them as 'American Ideals.' When we as medical men are invited, urged or drafted into these activities let us carefully consider not only the present and apparent good they may do but also the ultimate effect, and freely give our help to those that in the end are good and withhold it from those that are evil. It is not against high professional idealism to withhold the soothing syrup that allays pain but masks and hides the underlying and insidious disease that is developing.

"The enforcement of the law does not and should not lie in the hands of our professional organization, either county or state. The ideals of our profession do not go so far as to obligate us to compel people to do that which is best for their health and just so far as we medical men either as individuals, societies or associations lend ourselves to the prosecution of offenders under the medical laws **who do not belong to our organization,** so far do we expose the profession to the charge of commercialism, jealousy, envy and incompetence. Any why not! The American people are an egotistic and commercial, not an altruistic people." (Ohio State Medical Journal, June, 1924.)

Psychiatry and the Practice of Medicine was the subject of this year's Shattuck Lecture. Dr. C. Macfie Campbell was the speaker and California and Western Medicine commends the careful study of the lecturer which is published in full in the Boston Medical and Surgical Journal.

For those who may not take the time to study this very important contribution, the following abstracts are submitted:

"It is a great delight to us all when a simple formula suddenly proves the key to a bewildering variety of obscure data; new methods are eagerly welcomed, especially when they offer us a short cut to important conclusions and obviate the painful necessity of thought; cures make a special appeal to us and we snatch at them eagerly from the hands

of the laboratory worker and even from the counter of the pharmaceutical houses. Psychiatry has not yet found an antidote for paranoia; the new methods still fail to relieve us from thinking; human nature in difficulties is too complex to be embraced in any simple formula. * * *

"There are many sick people, whose problem cannot be understood unless one takes into account the fullness of human nature, and the special environmental influences under which they have broken down. This may seem to be a truism, too obvious to require statement, but to some it appears almost a heresy to suggest that human nature may have more complex tasks than that of grappling with the tubercle bacillus and other organisms and that there may be more subtle interchanges with the environment than those connected with the respiratory process. To claim that, in these more complex tasks and more subtle interchanges, functions are involved more highly integrated than those studied by the physiologist and by the internist, and that the inadequacy of these functions may lead to an actual breakdown in the harmonious adjustment to the environment, is to render oneself liable to a charge of mysticism. Fever, swelling, leucocytosis are worthy of detailed study; depression, peculiar beliefs, impulses of obscure origin, these, too, may seriously disturb the harmonious adjustment of the individual, but the detailed study of these phenomena, and of the laws of their development is sometimes looked on askance. * * *

"There is something within us which protests against having our personality completely resolved into a world of whirling electrons, or exhausted in a formula of colloid chemistry; and even the physicist or chemist, working in his laboratory, if he has not closed all the windows, but still retains some contact with the real concrete world of experience, realizes that he is only dealing with experience from one angle. We must not accuse him, therefore, of too seriously resolving us into a meaningless congeries of electrons, and of being personally indifferent to the unity of the individual, and to his meaning and his destiny. This unity, the most fundamental element in the experience of each one of us, does not come within the scope of his work and is provisionally left out of his formulations of the universe. We must, however, be constantly on our guard against the assumption that the individual is nothing more than an association of elaborate mechanisms, which can be understood irrespective of their relation to the living individual of which they form one aspect. **In disrupting the individual into such systems, and considering them out of relation with the organic unity of which they form a part, one has ignored the most fundamental of all the facts, namely, the unity of organism and its reaction as a whole to the demands of the environment.** One cannot reintroduce this factor as an additional mechanism, a spirit or soul, for the unity of the organism is not something above and in addition to the various systems, it is part of their very essence, and they are not fully understood, except in the setting of the whole organic unit, and that organic whole is the individual man, who not only breathes and moves but thinks and craves and strives.

"This universe is no disorderly spectacle of independent and self-existent things scattered about indiscriminately in infinite space and time. The facts of biology, even taken by themselves, render any such hypothesis impossible. * * *

"It is, therefore, a comfort to the psychiatrist to find confirmed by the philosopher and by the physiologist that which ordinary good sense had stoutly maintained, namely, that ideas after all do somehow or other play a role in this physico-chemical world of ours, that they have to be dealt with as forces, that they may be a matter of life or death, that ideas have caused revolutions, that men have died for ideas, that they are part of the very fibre of our being, and that to attempt to resolve them into physico-chemical elements is an absurdity. * * * The psychiatrist considers the patient not as a mere group of systems, but as an individual with his own personality, with his world of emotions and beliefs and strivings, adjusting himself to an environment which is permeated with similar factors; he does not a priori rule out the possibility that the disharmony, for which the patient comes to him, may be somehow or other associated with the complex problems of life, with difficulty in balancing the conflicting tendencies within human nature, with failure to get satisfaction from the environment for some of the fundamental cravings of human nature. * * *

"The sick and handicapped, who come for help to the medical profession, present a great variety of problems; their failures may lie in many directions. In some cases the failure is due to physical trauma, in others to poisonous substances, to invading organisms, to some inadequacy in the delicate regulating mechanisms of nutrition and growth. The interference with these fundamental processes may disturb the more complicated reactions of the organism in its adaptation to the environment, which depend on the delicate co-ordination of the simpler functions; there may be delirium, morbid ideas, erratic behavior, depression, the intrusion of threatening voices and visions into the external world of the patient. The practical problem in such cases is to restore the efficiency of the fundamental systems involved. * * *

"The reaction of the patient as a whole to the situation plays its role in the clinical picture, and it may depend on general environmental factors as well as on the limited morbid process. A discouraging family situation, a gloomy doctor, depressing views may retard the recovery from conditions where the morbid process is localized in stomach, heart or lungs. Not only may muscles atrophy and joints stiffen from disuse, but the desire to work may also fade away and prove difficult to resuscitate. * * *

"There is one group of cases where there is less temptation for the physician to devote his attention to a morbid process to the neglect of the broader aspect of the adaptation of the individual; in these cases no definite morbid process can be detected, and the physician is perforce thrown back on the personality of the patient for the explanation of the disorder. It is true that the real Simon Pure nosological expert, the physician who only deals with disease and not with patients, does not tamely accept the affront to his doctrines, offered by such patients. Not finding any of the orthodox symptoms of a legitimate disease, he tells his patient that there is nothing wrong with him, and that his trouble is exaggerated or imaginary. The therapeutic corollary of this diagnosis is for the patient to forget his trouble. * * *

"If official medicine deals with these disorders in a somewhat cavalier or haphazard manner, if it deny their existence, or call them imaginary, or simply give them Greek names, does human nature in distress accept this as final? No; distress craves relief, and these patients in distress will go to other people who, not burdened with detailed medical lore, but pragmatically inclined, are willing to try their hand at the problem. * * *

"The attitude of the psychiatrist to his patient is that of the internist to a case of tuberculosis; the internist explains the disorder in terms of the invading organism, producing local and general reactions, and of the relative immunity of the patient, determined by congenital equipment modified by individual experience. So in relation to a patient with a morbid depression the psychatrist tries to find the precipitating noxa, whether tubercle bacillus, gastro-intestinal anomaly, or domestic or social situation; he has to study the constitutional equipment of the patient, both in the light of his heredity and of his past experiences.

"The importance of this work must be emphasized, especially for the benefit of those who, disregarding

the foundations of the human economy, are only interested in the functions of the higher levels and sometimes fail to note that the disturbances at these levels may be symptomatic of something going wrong at lower levels."

Surgeon Held Liable for Accident to Patient—While the surgeons were operating upon a patient in an Oklahoma hospital a nurse placed a basin of hot water between the patient's feet. Hot sponges were wrung from the water by a nurse and passed to the surgeon as he needed them. The patient secured a severe burn on the feet and ankles and brought suit against the hospital and the surgeons.

The Supreme Court of Oklahoma has ruled to the effect that the surgeons and not the hospital are liable and have awarded judgment on that basis. The court points out that regardless of who employed the nurse that she—and all others—were subject to the surgeon's orders.

"While the head nurse and her assistants were the general employees of the sanatorium," says the Court, "they were, nevertheless, during the time required for the actual operation, under the direction and supervision of the operating surgeons, and were the servants of the operating surgeons in respect to such services as were rendered by them in the performance of the operation, and for any negligence on the part of such employees in the performance of such services the operating surgeons were liable. An examination of the authorities discloses to this Court's satisfaction that the true test of the existence of the relation of master and servant in a given case does not depend on whether the servant was in the general employ of the master, but on whether the master actually exercised supervision and control over the servant during the time he used such servant."

This decision ought to interest surgeons and hospitals.

Physical Examination of Employees—"Compensation and indemnity insurance is furnished by nearly all industrial concerns and in many States is compulsory by law. However, it is not an unmixed blessing, for it often is wrongly applied or abused and still more often is honestly misinterpreted through lack of knowledge as to the physical condition of employees," says the Indiana Medical Journal editorially. "Eventually both employers and employees are going to recognize the advantages of periodic physical examination as an economic feature in the lives of employees, for ill-health cuts down production. At present a feature that is lost sight of by some employers of labor are the compensation claims which are based on troubles originating prior to employment. A physical examination by a competent medical man prior to employment would in the majority of instances detect hernia, venereal disease, incipient tuberculosis, diabetes, heart lesions, and impaired eyesight. A record of these defects would prove valuable in adjusting claims, though of far more value in acquainting the employee of his condition and bring to bear upon him recommendations as to his care. Perhaps the majority of the employers of labor have periodic physical examinations themselves, and it is a good thing for them; it is a good thing for their employees. The one thing to be considered in the adoption of this plan is to secure competent medical men to make the examinations. It is not work that should be done by the incompetent or illy trained physician. Still another feature that is worthy of consideration is the question of compensation. Employers should not expect to secure the highest type of work in this field without paying well for it, for this work is comparable to the work of the efficient general manager or superintendent.

Children's Habits—"The organization of habit clinics is the evidence of an increased interest in the guidance of young children," says American Medicine editorially. "There is a serious question, however, as to the advisability of introducing a special terminology which does not adequately indicate the problem. Habits, after all, are manifestations of behavior and do not, per se, require a different or new mode of attack or an unusual therapeutic method. The habit is an expression of the child and its rectification follows the readjustment of the child."

In discussing the same subject Doctor H. M. Levy, psychiatrist for the Illinois Institute of Juvenile Research, "emphasizes the folly of regarding a habit as anything save as a symptom. Whether one discusses regurgitation of foods, explosions of temper, deficiency in speech, or habit spasms, there is no standardized formulated treatment that will meet the needs of children. Frequently a habit may be merely a conditioned reflex, but in every instance it is a symptom of a juvenile difficulty that can only be solved by an adequate understanding of the individual whose behavior is out of harmony with accepted standards of performance.

"To think in terms of a 'habit clinic' tends to center thought upon the habit as the main element, whereas the truth requires recognition of the entire individual and very frequently his entire social setting."

Poor Medical Meetings—"The fault is quite often with the authors of so-called 'papers,'" says the editor of American Medicine. "If a man knows his subject sufficiently well to bring it to the attention of his colleagues, he should not only be able but willing to stand on his two feet and tell them about it, instead of mumbling inaudible words from a typewritten page. He may have a 'skeleton outline' with headings, sub-headings, minor notes, quotations or sentences which must be repeated accurately, before him. These ought to suffice for any intelligent man to make his subject interesting. The average man who prepares a discourse takes it for granted that his auditors are interested in the history of medicine from the time of Hippocrates down to the year of Grace, 1924, and he proceeds, therefore, to recite queer names and exact dates in a fashion that is sure to weary an already tired assembly. Nobody cares for the background upon which he is trying to build his argument. * * *

"Fifteen minutes should be long enough for the average 'paper' unless it represents a vast amount of original work based upon laboratory investigation. If an author is giving something original to the world, he may be pardoned for taking twenty minutes or even a half hour, but many of the big things in life have been done and said in a shorter time than that. One ought to beware of historical introductions, statistical facts and tables, and repetition of age-long ideas which have been copied from one book and periodical to another throughout the centuries. The mind of the medical man is usually practical and he cares not a fig for theory. If he can use an idea in his practice he will pay some attention; but if he thinks he cannot, he will close both his eyes and ears to it."

What About the Pay Clinic?—"There seems to be no denying that the pay clinic will take away the 'bread and butter' of the average practitioner," says American Medicine. "That is the first reason why the efforts of the Cornell University Medical College to establish and maintain a pay clinic have been so severely attacked by the general profession. Their aim is to provide medical service at cost in all main branches of medicine and surgery to men, women and children. The clinic has a very wide scope, and takes in practically all the known classified fields of medical endeavor. On October 31, 1922, this pay clinic completed its first year. During that year it admitted over 22,400 patients at an admission fee of $1 plus extra charges for special examinations. The average fee paid by each patient per visit was $1.52.

while the cost to the clinic was $2.03, exclusive of the services contributed by the Cornell University Medical College. These figures show that the cost of medical service was in excess of the very modest fees charged; therefore, unless the clinic receives a large endowment it will either have to close its doors or increase its fees.

"The best medical thought on the activities of the Cornell clinic is crystallizing into pronounced opposition. Even those medical men who at first were in favor of this paternalistic scheme are now opposed to it because there is no good reason why the same service cannot be obtained in private offices, or in private medical groups. * * *

"Among those in favor of pay clinics, however, is the eminent Dr. Richard Cabot of Boston, who sets down his reason for endorsing this plan as follows:

"1. That hospital clinics represent organized medical work, while private practice is disorganized medical work.

"2. That diagnosis can often be correct because of the laboratory's instruments and specialists; while, outside of hospitals, in the absence of these resources, diagnosis cannot often be correct.

"3. That correct diagnosis and the treatment based on it is limited to the rich who can pay many specialists, and the poor who attend the better hospital clinics, together constituting but a small fraction of the public.

"4. That honesty, confession and correction of errors, and therefore progress, are favored by the grouping of experts on friendly terms in a hospital—while the isolation and competition to which the private practitioner is exposed bring a dangerous strain on his honesty, and make it hard for him to progress.

"With all due respect to Dr. Cabot," continues the author, "these arguments favor the establishing of medical groups, but have little or nothing to do with the financial management, maintenance, or profit-bearing element. There is evidence which seems to show that pay clinics cannot even be self-supporting, to say nothing of supporting the physicians who are obviously the backbone of any such enterprise. The economics of the pay clinic which is conducted as a sublimated kind of charity are unsound. Doctors should not be obliged to bear the burden of treating free patients to any considerable number. They cannot do it if they will, and they must not do it if they can; for it is unmoral and unsound viewed from whatever angle. Physicians with large private practices usually have satisfactory incomes and, therefore, cannot give a great amount of time to charity cases, so that the burden really rests on the shoulders of the younger and less successful men, who are, of course, least able to bear it."

California and Western Medicine has heretofore commented extensively upon this subject and it is important to note what action editors think of this particular type of expensive paternalistic medicine."

The Danger of Too Many Clinics.—The editor of American Medicine believes "there is a hazard in multiplying clinics, so that sections of people only are given consideration. There is admittedly an advantage in devoting attention to particular phenomena, physical or mental, that are not fully understood. It is helpful, also, to devote special study to various types of behavior problems in the light of our present unsatisfactory knowledge concerning their origin and nature. It is disadvantageous, however, to speak of a 'habit clinic' as a special agency when all life consists of habits.

"The 'habit clinic' should not be a special department, but rather integrated in some general branch of service broadly called a clinic for hygiene. In many hospitals there is a mental hygiene clinic, and this term has been generally employed so as to cover a field more extensive than, and fully inclusive of, the type of service given in the so-called habit clinic.

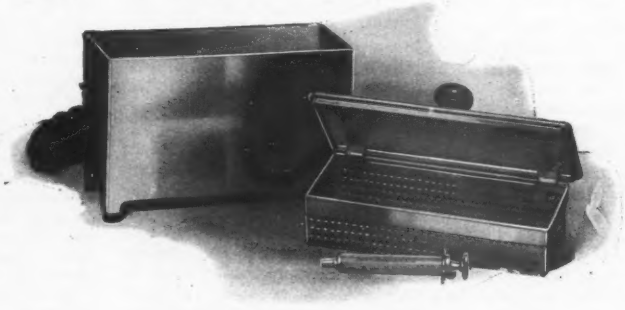
"There is considerable mental recreation and not a little amusement in noting the expression of 'herd psychology' in the avidity which intelligent people jump to the support of the 'habit clinic,' 'guidance clinic,' evanescent craze now sweeping the entire country. The humorists' and cartoonists' designation of these clinics as 'nut clinics' is as catchy a slogan as the original names and is liable to live longer."

X-Ray Plates Privileged.—The Supreme Court of Washington has recently upheld a decision that X-Ray plates are part of the privileged communications between physician and patient.

New Syringe Sterilizer—A new portable sterilizer for syringes has just appeared on the market. It operates by electricity and brings water to a boil in three to four minutes. The tray is 5⅛ inches long and will hold any syringe up to and including the 20 CC size.

It is particularly convenient for carrying when making calls, and may be put into the bag or overcoat pocket.

Many physicians whose diabetics are taking insulin at home are recommending they use this sterilizer as a precautionary measure in sterilizing syringe and needle. The sterilizer is made by the Wilmot Castle Co. of Rochester, whose advertising appears regularly in California and Western Medicine.



Air Mail—The first mail of the new airplane mail service received by California and Western Medicine was copy for this month's advertisement of the Bush Electric Corporation, 334 Sutter street, San Francisco. The copy was wired for, to Chicago, July 10, was mailed that evening, and reached San Francisco at 5 p. m., July 12. Typical of the usual prompt and satisfactory service furnished by this company.

"Unless we can be certain of having all the facts we had better leave statistics alone—especially reformers' statistics—and rely upon everyday observation and common sense in judging of the success, or lack of success, of a given piece of reform legislation."—J. H. Beal, in address to National Association Retail Druggists.

Congress created a board to classify government employes, and the committee included nurses with dietitians, laboratory workers, physiotherapists, and others rendering what the committee considered as technical, as distinguished from professional service. Nurses in many places are objecting to the classification and demanding to be put in the professional class with lawyers, architects, engineers, and doctors.

ARE RECORDS OF SICKNESS NECESSARY?

This question is often asked. The only answer is that they are.

We all recognize the necessity of bringing out all the evidence regarding an accident in order to arrive at a fair estimate of the responsibility, as well as the character and amount of injury. All of our court decisions are based upon evidence, which is nothing but the record of the case. The physician's diagnosis in all cases of illness is based upon evidence, just as is the court decision. This evidence, like that in court procedure, is obtained by direct and cross-examination of witnesses and by evidence obtained by various tests. Evidence in most instances of illness is of greater variety and harder to get than it is in a court case. The physician is prosecuting and defending attorney, judge, and jury. When we realize his complex functions and the greater difficulties of securing and classifying a larger and often confusing mass of evidence, we begin to have some appreciation of the education, training and sense of values which the true physician must have.

Records, whether in the physician's office or a hospital, are the written evidence the physician has before him, and the diagnosis is the decision upon that evidence. The physician who merely looks at a patient's tongue, feels his pulse, hears a little special pleading of the patient and then writes a prescription, is about as safe for the patient as the judge who, in a murder trial, hears the direct testimony of one witness, looks at a tintype of the accused, and then pronounces judgment.

Of course, both physicians and courts often deal with "old offenders" whose histories are well known. The former record in both cases helps in arriving at a decision.

Must the record be written? It should be in the case of illness for the same and additional reasons that it is in court procedures. The most important additional reason is that the very fact of writing the evidence insures its more careful consideration. The next of the very many important reasons for writing the record is that it furnishes permanent information that may be reviewed from time to time; may be added to in the case of subsequent troubles, which is the invariable rule for all persons, and this evidence, with ever-increasing frequency, proves to be a protection to the physician against unfair criticism or unjust court action.

One of the happy signs of the times is the more frequent discussion of this subject by the general public and the constantly increasing number of people who state openly that they will trust their health only to the physician who seriously compiles and analyzes his evidence.

To whom shall the physician's record be available? The answer depends somewhat upon the State you live in. In some States this evidence is safe with your physician and can no more be called out in court or elsewhere than can the client's confidences to his attorney. In other States the law protecting "privileged communications" is more liberal and only certain features of evidence are covered by the "privileged communication" clause of the law. In other States, and California is one of these, the law is wholly inadequate to protect the confidences between patient and physician; this is the case whether or not the evidence is written. This lack of adequate legal protection of professional confidences is one of the principal difficulties in securing the otherwise desirable and necessary extension of the practice of complete records in hospitals and physicians' offices.

If people in general once realized the uses that are made of records of most intimate character in some of the "files" in California, we would have an adequate "privileged communication" law in short order. —Better Health.

PACIFIC NORTHWEST MEDICAL ASSOCIATION

ABSTRACT OF PROCEEDINGS OF THE THIRD ANNUAL MEETING

By G. F. Strong, M. D., Vancouver, B. C.

The third annual meeting of the Pacific Northwest Medical Association, held in Vancouver on June 26, 27 and 28, furnished ample proof that the P. N. W., while one of the youngest associations on the continent, is a lusty youngster destined to measure strength and usefulness with the oldest associations in the country in the very near future.

The attendance was much the largest since the inception of the association, there being a total registration of 589. Being the first international medical convention ever held in British Columbia, it attracted perhaps more than usual attention from doctors of the province, but their faithful attendance at all sessions indicated that it was a keen desire to take active part in the work of the convention, rather than any sense of duty as hosts, that was the underlying motive.

The attendance at all sessions was quite remarkable, and a "full house" when the morning meetings opened sharp at 8:30 made some of the easterners rub their eyes. They found that it was a gathering of earnest men, eager to take full benefit of the opportunities afforded in the practical talks of recognized authorities.

The social side of the convention, however, did not suffer in any way from this devotion to business. The great majority of the delegates had brought their wives and many of them brought their whole families along. It was estimated that altogether there were more than 1000 visitors connected with the convention in Vancouver during the three days.

There was but one official function of a social nature: the noonday luncheon held on Friday at the Ambassador Cafe, when upwards of four hundred delegates sat down to an excellent meal, with music, and heard the presidential address of Dr. Homer D. Dudley of Seattle, the retiring president. Dr. T. C. Routley of Toronto, general secretary of the Canadian Medical Association, presided, and short addresses were also made by Sir John William Thomson-Walker of London, England, the eminent urologist, and Dr. Walter W. Chipman of McGill University, Montreal. The former gave a much appreciated talk on international relations, particularly as they affect the profession.

Delegates and their wives and families were given ample opportunity to enjoy the scenic beauties of Vancouver and its surrounding districts which have made that city one of the famous tourist centers of America. Scores of Vancouver doctors opened their homes to the visitors and family parties were among the most enjoyable incidents of the whole convention.

A large and energetic committee of doctors' wives took charge of the women and children from the time of their arrival and there was a constant succession of motor drives, teas, golf at the country clubs, yachting, launch trips, etc. The presence of three of the principal ships of the British Special Service Squadron, on its cruise around the world, proved one of the big attractions. Practically without exception, the visitors found their way on board the Hood, the great battle-cruiser which is not only the pride of the British Navy, but the largest and most powerful war vessel afloat. Here they enjoyed the unrivaled hospitality of the Vice-Admiral and officers of the squadron. One of the most enjoyable of these outdoor functions was a trip around Vancouver Harbor in the official boat of the Vancouver Harbor Commission.

All sessions of the convention were held in the spacious ballroom of the Hotel Vancouver, where delegates had practical "run of the house." Large spaces were set aside for the convention offices and

for the exhibits of firms specializing in instruments and appliances. A large proportion of the visiting delegates had accommodation in this palatial hotel, which is one of the most famous of the institutions operated by the Canadian Pacific Railway, and it proved an ideal setting for such a convention.

For three days the medical men wearing their identification badges, and their wives and children, filled the lounges, the corridors, the drawing-rooms and the dining-rooms and were made to feel as much at home as if they owned the place. Here they met tourists and travelers from all four quarters of the globe, as ships from the Orient and the Antipodes arrived during their stay and others sailing brought their quota of passengers from other parts.

Delegates were in attendance from all of the states and provinces represented in the association, including Washington, Oregon, Idaho, Utah, Montana, and British Columbia, Alberta, and Saskatchewan.

Dr. Alex. S. Monro of Vancouver, president-elect of the convention of 1923 at Seattle, assumed the presidency, and to his unremitting personal work as chairman of the general committee on arrangements, much of the outstanding success of the convention was undoubtedly due. Dr. Monro, who is one of the leading surgeons of Vancouver, is a "one hundred per cent Canadian," but he made the American delegates feel that for him and all his associates in the profession in British Columbia the international boundary is nothing but an imaginary line shown on maps.

In accordance with the by-laws of the association, all of the speakers at the convention were from outside the territory of the association, and they included noted specialists and authorities from Great Britain, the United States and Canada.

Sir John William Thomson-Walker of London, England, is senior urologist and lecturer of King's College Hospital and surgeon to St. Peter's Hospital, and late Hunt. Professor of the Royal College of Surgeons, England.

Dr. Frederick J. Cotton, one of the most noted of New England surgeons, is visiting surgeon of Boston City Hospital; consulting surgeon of New England Hospital for Women and Children, is senior consulting surgeon of the U. S. Veterans' Bureau and Assistant in Surgery at Harvard Medical School.

Dr. Walter W. Chipman is professor of gynaecology and obstetrics of McGill University, Montreal, and connected with the Royal Victoria Hospital and the Montreal Maternity Hospital.

Dr. Lorimer J. Austin is professor of clinical surgery at Queen's University, Kingston, Ontario, and chief of surgical service at Kingston General Hospital.

Dr. Leonard G. Rowntree is professor of medicine for the Mayo Foundation for Medical Research.

Dr. Charles Hunter, the only lecturer from Western Canada, is associate professor of medicine of the University of Manitoba, Winnipeg.

Dr. S. A. Kinnier Wilson is a distinguished neurologist of London, England, associated with leading hospitals there.

Dr. Frederic N. G. Starr is associate professor of clinical surgery in the University of Toronto, and Dr. George S. Young is associate in medicine in the same institution.

Dr. Horst Oertel, is professor of Pathology at McGill University, Montreal, and Dr. John Tait is professor of physiology at the same place.

Summary of Papers

Dr. Charles Hunter—Speaking on "Two Common Types of Headache," he went very fully into the Migraine type and stated that recently he had had some success in treatment by giving 15 grains of sodium salicylate each night for three months. The other type discussed was the myalgic headache at the back of the head. The pain in this, he found, could be relieved by the injection of one half per cent novocain solution or a 1 per cent quinine and urea solution into the muscles at the affected area.

Dr. Frederick J. Cotton—Dr. Cotton discussed present methods of fracture treatment, with particular regard to the treatment of hip fractures.

Dr. S. A. Kinnier Wilson—In a lecture on "Some Common Neurological Symptoms," Dr. Wilson took up some of the common presenting complaints that he had run across in his out-patient work. He emphasized particularly how frequently the term neurtis is misused; how generally the laity regard any condition attended with pain, numbness or tingling, as an evidence of neuritis, and yet how seldom such symptoms are due to an actual disease of the nerve trunk. He also discussed neurasthenia, emphasizing particularly the differential diagnosis and pointing out that in certain organic diseases of the nervous system the early symptoms might very closely simulate neurasthenia. In this regard he mentioned particularly general paralysis of insane, paralysis agitans, and myasthenia gravis.

Dr. Joseph Brennemann—Dr. Brennemann discussed throat infections in children, including the pulmonary complications that so commonly occur.

Sir John Thomson-Walker—In his lecture on the relations of calcified abdominal glands to urinary surgery, Sir John pointed out the importance of distinguishing these glands from ureteral calculi.

Dr. Horst Oertel—Lecturing on "The Flow of Structure With Age and Disease," Dr. Oertel emphasized the changes in vascularity that occur in various organs with increasing age. He showed slides that emphasized particularly this point in the case of the heart and kidneys.

Dr. L. G. Rowntree—Speaking on "Cardio-renal Vascular Diseases," he discussed the subject of chronic nephritis, going into some detail of the various laboratory tests now in use.

Dr. John Tait—In his lecture on Hemorrhage, showed that the process of arrest in a punctured vessel was due, not to a coagulation of the blood, but to the agglutination of certain blood elements.

Dr. F. N. G. Starr—Lecturing on the right iliac fossa, Dr. Starr discussed his treatment of right iliac fossa pain, emphasizing the importance of constipation resulting particularly from the improper modern food mixtures.

Dr. S. A. Kinnier Wilson—Dr. Wilson gave a clinic on some neurological cases from the Provincial Hospital for Incurables at Marpole. Various conditions were shown and discussed, and some of the important diagnostic signs that were apparent in a brief examination were pointed out and discussed.

Dr. L. J. Austin—In his letter on "The Pathology, Diagnosis and Treatment of Gall Bladder Diseases," Dr. Austin reviewed in a general way the whole subject, mentioning the formation of bile, the occurance of stones, the distinguishing features of obstructive jaundice; as to treatment he discussed the proper place for cholecystectomy or cholecystotomy.

Dr. L. G. Rowntree—Lecturing on Liver Function, Dr. Rowntree mentioned the evolution of the dye test from the time the dye had been originally suggested by him to the present. At first the dye was given intravenously and the amount appearing in the stools was ascertained, whereas now the amount leaving the blood is determined. He also discussed the value of the Van den Bergh test.

Dr. W. W. Chipman—Dr. Chipman discussed the puerperal uteras and its infection, emphasizing particularly some points brought out in his clinic in the Royal Victoria Hospital, Montreal.

Dr. S. A. Kinnier Wilson—He discussed involuntary movements and their significance, pointing out that the corpus striatum could not occupy the important position that had been so generally accorded it.

Dr. George S. Young—Dr. Young gave a detailed account of the routined physical examination of the office patient.

Dr. W. W. Chipman—In the course of a lecture on

Ectopic Gestation, he reviewed the 104 operations for this condition performed by him at the Royal Victoria Hospital, and discussed the subject in a general way.

Dr. George S. Young—In his discussion of Goitre and its medical treatment, Dr. Young said he had never seen a case of exophthalmic goitre improved by the removal of foci of infection, and that in some cases the removal caused the lighting up of the symptoms of hyperthyroidism. He mentioned the use of Lugal's solution and pointed out that its use was dangerous in toxic adenoma. He found it of some use as a means of making a differential diagnosis between exophthalmic goitre and toxic adenoma, since it is generally beneficial in the hyperplastic type of thyroid disease.

Dr. W. W. Chipman—In his lecture on Adolescent Dysmenorrhoea, Dr. Chipman emphasized the common finding of acute entiflexion of the uterus. He pointed out that the uterine muscle was never at rest, mentioning the well-known fact that any resting muscle atrophies.

Dr. John Tait—Dr. Tait discussed the characteristics of mammalian skin as contrasted with the skin of reptiles, fishes, etc.

Dr. F. J. Cotton—He discussed the subject of osteomyelitis and chronic infections in bone, pointing out the normal process of repair in these conditions.

Dr. Charles Hunter—In his lecture on psychotherapy, mentioned the fact that there were few if any patients going to the doctor that could not be benefited by the application of the principles of psychotherapy. This is well recognized in the cast of functional diseases, but it is often overlooked in cases presenting systemic organic disease.

Dr. L. J. Austin—Lecturing on the surgery of the hand, discussed Whitlow and the treatment of infections of the fingers, palmar abcesses, and other treatment. He also went into the subject of causalgia as a common finding in diseases of the hand. He pointed out that certain surgical lesions could produce atrophy of the small muscles of the hand quite similar in appearance to that of progressive muscular atrophy.

Dr. L. G. Rowntree—In his lecture on diseases of the pituitary and adrenal, discussed diabetes insipidus and Adeison's disease. Concerning diabetes insipidus, he held that the etiology was not entirely clear and that some cells in the infundibular portion were undoubtedly involved as well as the posterior lobe of the pituitary. As to treatment, he mentioned the use of pituitary intranasally. He also pointed out that certain symptoms of diabetes insipidus resembled those induced by water intoxication. In discussing the treatment of Adeson's disease, he said that he had given adrenal preparations by mouth as well as by hypo.

Dr. Horst Oertel—Lecturing on the relation of the pancreas to diabetes, he pointed out that in the first place the actual basis of the disorder in diabetes was not clearly known. He had slides showing the tremendous disintegration that occurs in pancreatic tissues in the severe cases of diabetes.

As the Sheppard-Towner Principle Is Operated in Russia.—(According to press dispatches sent out by the Chicago Tribune Company). Because after placing their children in soviet homes in the colonies, parents make frequent visits, bringing presents and caressing their children, the commissariat of education in the homes hereafter will confiscate all of the presents distributed among the children and will not permit the parents to see their children more than twice a month and, when possible, will prevent the parents displaying affection toward the children. According to the decree, "much dissatisfaction is caused among the children by parents who fail to sever connections with their children after giving them to the care of the soviet government.

BOOK REVIEWS

Practical Chemical Analysis of Blood — By Victor Caryl Myers. 2nd ed. 232 pages. Illustrated. St. Louis: C. V. Mosby Co., 1924

A cursory comparison of this edition with the original 1920 booklet emphatically impresses us with the already stabilized position of blood chemistry both in technic and clinical usability.

There is no occasion here to catalog the scope of Myers' work save to say that every phase and established method of technic is fully and comprehensively set forth. The arrangement is good, standardized and established investigations, systems of analysis such as that of Folin and Wu and studies still confined to the research laboratory are separately presented rather than indiscriminately scattered. The clinical viewpoint is meritoriously brief.

Although in title a work on blood chemistry, a short chapter of certain urine tests is inserted, adding to the value of the book.—E. A. V.

Neurologic Diagnosis — By Loyal Edward Davis. 173 pages. Illustrated. Philadelphia and London: W. B. Saunders Company.

The author considers each functioning unit of the nervous system, i. e. motor, sensory, etc. He gives accurately, sufficient anatomy and physiology so that he may explain normal and abnormal functioning. Then the mechanism of the production of neurological symptoms is explained. The illustrations are very valuable. Many cases are reported, and the pictures present are explained on the anatomic and physiological basis. The doctor needs a book of this type, in addition to his neurological anatomy, and clinical textbook of neurology. Davis' book is valuable because of its method of attack, conciseness and accuracy.—J. C.

Uber Hysterie—By Dr. Ernst Kretschmer. 115 pages. Leipzig: George Thieme, 1923.

The monograph on hysteria is purely a study of its etiology from a psychological standpoint. In the first part the similarity between hysterical manifestations and the protective reactions of lower animals is shown. In the second part the first chapter is taken up with a study of hysterical habituation, the second with a comparison of certain hysterical outbursts with voluntary reflex intensification, and the others with the mechanisms of volition and action. There is a new note in these studies and they are not to be passed by casually. E. W. T.

Medizinische Pyschologie—By Ernst Kretschmer. 306 pages. Leipzig: George Thieme. 1922.

This is the second edition of Kretschmer's Psychology, designed for the use of medical men interested in psychiatrical problems. Possibly it is an answer to Mercier's statement that no psychology so far written was of any use to a psychiatrist. This booklet presumes a fair knowledge of academic psychology, and is a bridge between that and the practice of psychological medicine. It will be found distinctly worth while and can be recommended as stimulating reading.

Surgical Pathology — By Joseph McFarland. 701 pp. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1924.

From his wide and varied experience as consultant and teacher of pathology, the author of this interesting and instructive book has brought together and emphasized those aspects of pathology that have been found of special interest and importance to the surgeon.

As stated in the preface, the book was prepared

especially for continuous reading, although it is of service also as a book of reference.

The subject matter of the text is arranged in logical order and sequence; the subjects are treated in an interesting and instructive manner and not only are accepted facts and theories presented, but the author gives in concise form other theories with criticism of the same.

There are four hundred thirty-five illustrations of gross and microscopic surgical lesions. There is also a bibliographic index of twenty-eight pages.—J. F. C.

BOOKS RECEIVED

Mortality Statistics 1921—Twenty-second Annual Report. Department of Commerce, Bureau of the Census. W. M. Stewart, Director. Price $1.75. Sold only by the Superintendent of Documents, Government Printing Office, Washington, D. C. Washington Government Printing Office, 1924.

Mind and Medicine, by Thomas Salmon, M. D., Professor of Psychiatry in Columbia University. New York: Columbia University Press, 1924.

Fertility and Sterility in Human Marriages—By Edward Reynolds, M. D., Boston, Mass., and Donald Macomber, M. D., Boston, Mass. With a section on the Determining Causes of Male Sterility, by Edward L. Young, Jr., M. D., Boston, Mass. Octavo volume of 285 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1924. Cloth, $5 net.

Diseases of The Eye—A Handbook of Ophthalmic Practice for Students and Practitioners. By George E. De Schweinitz, M. D., LL. D. Professor of Ophthalmology in the University of Pennsylvania. Tenth Edition, Reset. Octavo of 865 pages with 434 illustrated and 7 colored plates. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, $10 net.

Anesthesia—By James Taylor Gwathmey, M. D., First President of American Association of Anesthetists, Anesthetist to the New York Skin and Cancer, Columbia, and Peoples Hospitals. With collaborators on special subjects. Illustrated. Second revised edition. New York and London: The Macmillan Company, 1924.

Diseases of the Chest and the Principles of Physical Diagnosis—By George W. Norris, M. D., Professor of Clinical Medicine in the University of Pennsylvania, and Henry R. M. Landis, M. D., Director of the Clinical and Sociological Departments of the Henry Phipps Institute of the University of Pennsylvania, with a chapter on the Electrocardiograph in Heart Disease, by Edward Krumbhaar, Ph. D., M. D., Director of Laboratories of the Philadelphia General Hospital. Third Edition, Revised. 907 pages with 433 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, $9.50 net.

1923 Collected Papers of The Mayo Clinic and The Mayo Foundation, Rochester, Minnesota. Octavo of 1377 pages, 410 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, $13 net.

The Romance of a Living Temple—A Study of the Human Body. By Frederick M. Rossiter, M. D., Professor of Medicine in the College of Medical Evangelists, Los Angeles, California. New York: George Sully and Company.

Clinical Aspects of the Electrocardiogram, a Manual for Physicians and Students. By Harold E. B. Pardee, M. D., Associate in Medicine, Cornell University Medical School. With 56 illustrations. Paul B. Hoeber, Inc., New York, 1924.

Life Insurance Examination, Edited by Frank W. Foxworthy, M. D., Indianapolis. Formerly Chairman Medical Section, American Life Convention, President of American Association of Medical Examiners. 156 illustrations. St. Louis: C. V. Mosby Company, 1924.

Modern Methods of Treatment—By Logan Clendening, M. D., Assistant Professor of Medicine, Lecturer on Therapeutics, Medical Department of University of Kansas. With chapters on special subjects by H. C. Anderson, J. B. Cowherd, Carl O. Richter, F. C. Neff, E. H. Skinner, E. R. DeWeese. Illustrated. St. Louis; C. V. Mosby Company, 1924.

A Diabetic Manual, for the Mutual Use of Doctor and Patient. By Elliott P. Joslin, M. D., Clinical Professor of Medicine, Harvard Medical School. Illustrated. Third Edition, thoroughly revised. Lea & Febiger, Philadelphia and New York, 1924.

Eat Your Way to Health, a Scientific System of Weight Control. By Robert Hugh Rose, M. D., Instructor, Post Graduate Medical School, New York. New Edition, thoroughly revised and enlarged. Funk & Wagnalls Company, New York and London, 1924.

The Internal Secretions, for the Use of Students and Physicians, By D. Arthur Weil, Assistant Professor of Physiology at the University of Halle. Authorized translation of the third German edition by Jacob Gutman, M. D., Director Brooklyn Diagnostic Institute. New York: The Macmillan Company, 1924.

TRUTH ABOUT MEDICINES

New and Non-official Remedies

(Reported by the Council on Pharmacy and Chemistry of the A. M. A.)

Neutral Acriflavine (Abbott) 0.1 gm. Ampules.—Each ampule contains 0.1 gm. neutral acriflavine—Abbott (see New and Non-official Remedies, 1924, p. 24). The Abbott Laboratories, Chicago.

Cryogenine—Phenylsemicarbazide.—Cryogenine is an antipyretic and analgesic. It is claimed that cryogenine does not affect digestion and that it has scarcely any effect on the circulation and respiration. Cryogenine is claimed to be useful as an antipyretic in febrile conditions. As an analgesic, it is said to be of value in rheumatism, headache, sciatica, gout and in painful conditions generally. Cryogenine is marketed in the form of powder and 0.5 gm. tablets.

Iletin (Insulin-Lilly) U-40.—Each ampule contains 40 units of iletin (Insulin-Lilly) (see New and Non-official Remedies, 1924, p. 152). (Jour. A. M. A., May 3, 1924, p. 1443.)

Desiccated Parathyroid Substance (Wilson)—The exterior parathyroids of the ox, freed from fat, cleaned, dried and powdered. For a discussion of the actions and uses of parathyroid gland, see New and Non-official Remedies, 1924, p. 224. Desiccated parathyroid substance (Wilson) is marketed in the form of powder and in tablets containing, respectively, 1/20 grain and 1/10 grain. Wilson Laboratories, Chicago. (Jour. A. M. A., May 24, 1924, p. 1693.)

Meads Powdered Protein Milk—A milk preparation having a relatively high protein content and a relatively low carbohydrate content. Each 100 gm. contain approximately protein 37 gm., butter fat 31 gm., free lactic acid 3 gm., lactose 19 gm., and ash 4.6 gm. When suitably mixed with water, powdered protein milk is said to be useful for correcting intestinal disorders of infants and children. Mead, Johnson & Co., Evansville, Ind.

Pollen Antigens (Lederle)—In addition to the products listed in New and Non-official Remedies, 1924, p. 252, the following have been accepted: Giant Ragweed Pollen Antigen (Lederle); Green Sage Pollen Antigen (Lederle); Lamb's Quarters Pollen Antigen (Lederle); Marsh Elder Pollen Antigen (Lederle); Olive Pollen Antigen (Lederle); Pasture Sage Pollen Antigen (Lederle); Southwestern Ragweed Pollen Antigen (Lederle); Western Water Hemp Pollen Antigen (Lederle); Western Ragweed Pollen Antigen (Lederle). Lederle Antitoxin Laboratories, New York.

STANFORD UNIVERSITY SCHOOL OF MEDICINE

The following students were awarded the degree of Doctor of Medicine by Stanford University on June 23, 1924: Miss Emelie E. Anderson, Harry V. Baker, Harold J. Beaver, Donald V. Burke, Everett Carlson, John Joseph L. Doyle, Paul W. Frame, Miss Anna C. Franklin, Percy B. Gallegos, Franklin H. Gobar, Hans Hartman, Miss Frances I. Klingberg, Miss Margaret E. Lamson, Charles A. Love, Jr., Roger B. McKenzie, Homer E. Marston, John K. Morris, Jr., William H. Murphy, Burton A. Myers, Roy F. Nelson, Lewis H. Sanborn, John P. Sweeney, Harold S. Trueman, Granville N. Wood, Jr.

FAMILY PHYSICIAN OF FUTURE

In commenting on the importance of preventive medicine to the general practitioner, John M. Dodson (Journal A. M. A.) says: "In the field of medicine, factors had been at work before the outbreak of the war, which, alone, would have been sufficient to bring about a radical change in the economic and social relations of the physician. The triumphs of preventive medicine resulting in a very substantial decrease in the incidence of disease was, and continues to be, an appreciable and growing factor in reducing the average income of the physician. The number of physicians had come to be greatly in excess of the need, a ratio nearly twice as great as that obtaining in any other country. The rapid increase in the number of hospitals and the hospitalization of medical practice in many localities, the inevitable and rapid development of specialism, improved roads, and automobiles have had their effect in modifying the situation of the physician in rela-

"New medical cults and fads appear from time to time, a new one every few years. Just now the most conspicuous ones in the field are Eddyism, or so-called Christian Science; osteopathy, with its hybrids, chiropractic, naprapathy and the like, and, most recently, Abramsism, the most fantastic and incredible of all.

"Finally, some of the handmaidens of the physician, conspicuously the nurse and the social service worker, invaluable aids when properly directed, have crossed over into fields of work inadequately tilled by the busy practitioner, until at times it seems difficult to draw the boundary line between the field of the physician and that of the nurse or of the social service worker.

"As to the encroachment on the domain of the physician by the nurse, the social service worker and other outside agencies, these have been due for the most part to the fact that the physician has neglected certain fields of activity which were important and in which work needed to be done. All that is needed is a readjustment of the relations of the physician to the members of those other groups, who are quite indispensable as aids to the physician, if the best results are to be accomplished. Such results cannot be obtained by the usurping of the physician's field by others who are not trained to do the work that belongs to him. No more can these results be obtained when the physician neglects these lines of activity.

"The family physician who seeks to render to his patients the service which will do them the most good is bound to enter the field of preventive medicine: to become, in other words, the family health adviser as well as the family physician. It is not entirely, nor indeed for the most part, the fault of the physician that he has not given more attention to this matter in the past. His patients have sought him only when needing relief from pain or when seeking cure from disabling illness. The conception that positive health conducing to happiness, comfort, and efficiency is something that can be had by going after it; that is, by observing sane, correct methods of living, is one that is just dawning on the minds of the vast majority of people.

"The physicians of our own generation, if they are to realize their possibilities of usefulness to the communities in which they live, must equip themselves far better than they have been heretofore equipped to give instruction to the public concerning community and especially individual hygiene. They must co-operate cordially and effectively with the duly appointed health officers, not only in complying with the legal requirements as to the reporting of births, deaths, cases of communicable disease, and the like, but in the matter of arousing the citizens of the community to the importance and great possibilities of preventive measures.

"Training of the family physician for such work can be accomplished only by a considerable amount of carefully planned, systematic, effective instruction along the lines of preventive medicine."

Obituary

FREDD ORLANDO PRYOR

Doctor Pryor was stricken with apoplexy while examining a patient on July 1, and died a short while after. He was fifty-three years of age; was born in Nevada County, California; graduated from the Cooper Medical College, San Francisco, and has been practicing in Sonoma County since 1905. He is survived by a widow and sister.

Doctor N. Juell, secretary of the Sonoma County Medical Society, in speaking of Doctor Pryor's passing, says that "his interest in progressive medicine, love of truth, always ready to fight for what he considered right, but with a keen sense of humor, made him the most valuable member of our society. He had high ideals especially in regards to honesty in dealing with his patients and tried to live up to them."

The press correspondent voices the sentiment of his community when she says: "Now he is gone and the smile will come no more. Faithful to the last, he was in the merciful ministration of misery alleviation when death laid a cold finger on his own brow. He bowed his head in submission to the summons and now a community mourns. His keen and sparkling humor, his honorable principles and his genuine manliness made him esteemed where men foregather. His high purpose, his ardent desire to do his individual part in the work which the Master of the World set for men to do, his humanness and sympathy made him trusted by women and children. His noble character, his understanding and friendliness, the love in his own heart, made him beloved of friends, many, many."

DEATHS

Boyes, Edwin Joseph. Died at Oakland, July 3, 1924, age 58. Graduate of the Victoria University Medical Department, Toronto, Canada, 1890. Licensed in California 1891. He was a member of the Alameda County Medical Society, the California Medical Association and a Fellow of the American Medical Association.

Dowdall, Richard John. Died at San Francisco, July 10, 1924, age 51. Graduate of Cooper Medical College, San Francisco, 1901. Licensed in California the same year. He was a member of the San Francisco County Medical Society, the California Medical Association and a Fellow of the American Medical Association.

Kurtz, Joseph. Died at Los Angeles, June 22, 1924, age 82. Graduate of the University of California Medical School San Francisco 1872. Licensed in California in 1876. He was formerly a member of the Los Angeles County Medical Society, the California Medical Association and the American Medical Association.

Ross, Frederick William. Died at Corte Madera, July 9, 1924, age 51. Graduate of Cooper Medical College, San Francisco, 1896. Licensed in California in 1897. He was a member of the San Francisco County Medical Society, the California Medical Association and the American Medical Association.

Pryor, Fredd Orlando. Died at Santa Rosa, July 1924, age 53. Graduate of Cooper Medical College, San Francisco, 1898 and licensed in California the same year. He was a member of the Sonoma County Medical Society, the California Medical Association and a Fellow of the American Medical Association.